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ABSTRACT

Intended for teachers and administrators in special education, the curriculum guide offers information on planning a health education program for primary level educable mentally retarded students. Sections preceding the actual guide include information on specific goals of and elements necessary for a successful health education program, the philosophy and implementation of a school health program, and a curriculum overview. Units are presented in outline form for the following topics: nutrition; sensory perception; dental health; health status and disease prevention and control; drugs, alcohol, and tobacco; mental health; family life; consumer, environmental, and public health; and safety and first aid. Each topical unit consists of five basic parts--overview and objectives (a brief orientation to the philosophy regarding the unit), concepts (necessary background material for behavioral change), content outline, learning and evaluative activities, and resources (including books, films, pamphlets, and games). (SB)

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HEALTH EDUCATION FOR SPECIAL CHILDREN

Curriculum Development Committee

U S DEPARTMENT OF HEALTH EDUCATION & WELFARE NATIONAL INSTITUTE OF EDUCATION

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BOARD OF COOPERATIVE EDUCATIONAL SERVICES

McEVOY EDUCATIONAL CENTER
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Dear Special Educators,

A comprehensive health curriculum is a must in the education of exceptional children. Excepting the three "R's", health is probably the most functional of the skills we can attempt to teach special children. Through coordinated efforts, from the primary level to the high school level, proper habits and attitudes can be developed.

When this curriculum guide is implemented, with the vigor characteristic of the Special Educators in our county, there is no doubt that this guide will help provide improved health education in our county and serve as a source of continuous and sequential health education planning. The teachers, however, who employ the guide in their everyday instruction will give the curriculum its ultimate test.

We appreciate the cooperation and coordination that has taken place to make the health curriculum a vital part of the Special Education program in Cortland County. The format in which the curriculum is presented is most useful and provides many ideas to teach content.

It is only through evaluation by those in the field that enables any curriculum to be fully and successfully implemented. Please feel free to contact us if you have any concerns, questions, or suggestions for improvement of the "Health Education for Special Children." This curriculum is a good beginning, but only a beginning to be refined as dictated by the experience of the teachers who utilize it.

Sincerely yours,

George E. Freebern

George E. Freebern, Director
Special Education

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Forward

Health Education For Special Children is the culmination of workshops funded by the Division of Drug and Health Education and Services, State Education Department, and sponsored by the Cortland-Madison BOCES. It reflects the concerted efforts of many persons. The knowledge and expertise of the individual curriculum developers/writers are most worthy of recognition.

This health curriculum guide for special education students is an outgrowth of the health education guides which were developed during the summer of 1974 for use in regular public school classes within this BOCES district.

The eventual mainstreaming of some handicapped children helped to govern much of the material included. Therefore, the activities in each unit were varied enough to provide for individual differences among pupils. The result has been that the content of the units written specifically for emotionally disturbed or learning disabled children, and educable mentally handicapped children was able to follow quite closely the content of the original guides. References should be made to the original guides, therefore, for additional related activities.

To the writing team's knowledge, this is the first comprehensive curriculum created with the special child in mind. It will provide the teacher with many ideas and resources. However, there is always room for modification and suggestions for improvement, any are welcomed.

Introduction

The specific goals of a health education program can be as many and varied as life itself. However, optimal health is dependent upon the interactions of knowledge, attitudes and behavior. The health education program should establish an approach to concepts, generalizations, understandings, facts, values and applications, basic skills, and decision-making processes which can serve as keys to good physical, mental, social, emotional, and spiritual well-being. All participants in the school health education program, including teachers and administrators as well as students, should be assisted in working towards:

1. Acquiring an understanding of his own physical, mental and social health.
2. Developing responsibility toward his own and community health.
3. Acquiring an understanding that the goals of good health result from individual practices and maintenance of those mental, physical, and social habits selected as desirable and good by society and the individual.
4. Acquiring an appreciation of the value of a healthful life.
5. Encouraging systematic development of individual human potential for health, growth and happiness.

These are certain elements necessary for success of a health education program that cannot be written into a curriculum guide. These essential elements come from within the individuals responsible for implementing and carrying out the program:

1. Commitment on the part of administrators and teaching staff to a belief in the value and potential of health education is most important.
2. In view of the definition of health in terms of its psychological, physiological, sociological aspects, there needs to be, more than in any other curriculum area, a willingness to work together and lend support in setting up and maintaining a good school health education program - one which is prevention-oriented and clearly above and beyond the minimal requirements for drug and health education as delineated in the Rules of the Board of Regents and the Regulations of the Commissioner of Education.
3. It is possible to improve the classroom experiences of health education students through sincere desire by all directly involved to utilize to the greatest advantage appropriate resources (including those of a human nature) and/or other quality teaching aids, materials and devices which are made available.
4. Support for the concept of student participation and involvement in their own learning is a most meaningful part of a sound health education program. Provision should be made for a diversity of learning approaches including extension of learning into multi-community settings.

A Statement on Philosophy of the School Health Program

Health is an integral aspect of every phase of life. Without health man cannot function effectively in his society. Health can, therefore, be considered not only biological, but psychological and sociological well-being as well.

The School Health Program, which includes all functions and services designed to promote the optimum health in each child, is a flexible blueprint aimed at assisting students in developing into independent, responsible adults. It would seem that no one, be it student or adult, can be independent and responsible unless he is equipped with the health necessary to be so; health that is, in part, imparted by knowledge and understanding of the forces which is for this reason that, with the guidance of State legislation and the local Board of Education, the School Health Program endeavors to supplement parental responsibility in this realm. The effective and flexible program must originate with the needs and interests of the individual. From this basis, it should continue to meet the needs of the family, community, nation, and the world...

As a result of imparted knowledge, understandings, and good health habits and attitudes, we would hope to kindle, promote, and help each child achieve a state of physical, social, emotional, intellectual and spiritual well-being that would be conducive to such academic learning as the student was capable of acquiring. In short, we aim at helping the student to "become all he is capable of being." This is based on the assumption that health, not being an end in itself, is a means to an end ---- a happy, fruitful life.

Implementation of a School Health Program

Whatever the organizational plan, the only significant test of its worthwhileness is the effect which it brings to bear on the total educational program or the opportunity which it affords children to learn.

When the School Health Program is being established or adjusted, certain guidelines or basic principles, if adhered to, will help to insure its success. These are as follows.

1. Develop it gradually rather than superimposing it abruptly.
2. Though idealistic in its announced goals, it is realistic in its current performance.
3. It fosters continuous communication between all school staff members.
4. Special facilities are at its disposal.
5. It is interwoven with the instructional program.
6. It brings its services to every student, not just to those in distress.
7. It plays an important role in the school's public relations program.
8. It is constantly engaged in a process of self-examination.
9. It insures a balance in services it offers pupils.

Once the program is ready to be established, there are certain general fundamentals which should be considered in its administration:

1. There should be centralized control to assure efficient and effective functioning of the total program.
2. Adequate budgeting of finances to provide necessary salaries, supplies, and equipment should be carried out.
3. There needs to be proper coordination of various divisions, departments, and areas.
4. Selection of teachers and health specialists should be based on the best qualifications for the particular school and community.
5. Allotment of sufficient time in the school curriculum for the health program to function effectively is a necessity.
6. Definite assignment of duties and responsibilities to teachers, health specialists, and administrative assistants is a must.
7. Organization of a health teaching program should be on a school-wide basis.
8. Consideration of legal provisions, state and local laws, and requirements pertaining to and affecting the School Health Program and pertaining to special children should not be neglected.
9. Provisions should be made for assuring maintenance of the school plant and facilities in a sanitary and hygienic manner.
10. Special measures are necessary to recognize and provide for individual physical, mental, emotional, and social differences of students.
11. Methods and plans for safeguaring the health of teachers, as well as of students, should be an integral part of the plan.
12. There should be constant and thorough evaluation of the total School Health Program.

Curriculum Overview

One area of study which is often lacking for special education students is that of health education.

The overall goal of this curriculum is to assist in developing individuals with the competency to function well in society and the ability to cope with the social, physical, emotional, intellectual, and spiritual dimensions of man. This goal seeks to aid in the discovery of self in relation to others in society and in the world and to implement the concept that decision-making is best where each individual has adequate information and experiences upon which to base his decisions. Decision-making is a cumulative process which results from a growing awareness of self and a growing awareness of the healthful alternatives which the health education process provides.

This guide is a vehicle for preventive education, acknowledging that a primary task of the school is development of positive self-concepts, helping students obtain control over their own lives, and maximizing their health potentialities. It offers a curriculum which helps each individual examine the meaning and value he desires health to have in his life and the life style he envisions necessary to implement his desires and values. It represents curriculum designed to fulfill personal needs and interests based on varied ability levels via being meaningful and relevant to students preparing to live healthful, productive and rewarding lives.

This rationale is based on concepts which provide for increasing levels of information and experiences related to physical, psychological, and social development as grade level increases. There is decreasing breadth, but greater concentration of information and experiences in various areas of health education and maturity levels increase providing a continuous and cumulative effect rather than a disjointed one.

Health Education should:

1. Represent a major part of a life-long educational process.
2. Exist for benefit of all students.
3. Represent a process that begins informally during pre-kindergarten years and continues throughout adulthood.
4. Involve total school/community efforts.
5. By its basic nature, revolve around developing a meaningful, satisfying and healthy life.

This particular guide represents one level of a planned, unified and comprehensive K-12 health education program for special children designed to:

1. Meet the needs of all students.
2. Be sequential, building on developmental tasks at each level.
3. Be flexible in order to facilitate implementation on a county-wide basis.
4. Include objectives and learning experiences for assisting in the decision-making process.
5. Be easily updated, due to its format, via replacement of pages upon their obsolescence.

Each topical area or unit consists of five basic parts:

1. Overview and Objectives
2. Concepts
3. Content Outline
4. Learning and Evaluative Activities
5. Resources

The unit overview gives a brief orientation to the philosophy regarding the unit. The outline of objectives reflects the cognitive, affective and psychomotor domains. They signify specific ways students should be able to think, feel, and act, after completion of the unit of study.

The concepts and supporting content outlines provide necessary background material for behavioral change. Coordinated with these are suggested resources and learning and evaluative activities from which student experiences may be selected in order to promote desired behavioral changes. These resources are not only for students, but also include materials which are too difficult for students' personal use, but valuable for teachers in the preparation of lesson plans.

Included among the resources are films which are usually listed with a reference to their Cortland-Madison BOCES number. To locate the producer/distributor, the teacher should consult the NIGEM Index of Films, which is available in most BOCES buildings or other film centers. Of course, any film or material must be previewed and carefully integrated with classroom activities in order to be of maximum effectiveness.

The curriculum guide contained herein is specifically designed to be descriptive and adaptable in order to allow for variations in school systems, teachers, classes and special education students. The teacher may not be able to expect students with certain disabilities to be able to spell correctly or write explanations, if at all, but by repetition as required the student should be able to learn eventually to pronounce and understand the important vocabulary words. The interaction of content and process in health education should lead to the development of problem-solving behavior which can be used flexibly and in a variety of situations. The goal, therefore, is to move as much as possible beyond fragmented and memorized information to the level where concepts are developed and internalized. To this end the teacher may want to draw upon activities from one unit to reinforce the objectives of another, or to use these activities as a point of departure in devising new ones.

Content Overview

Teachers need to be very flexible and ready to adapt the learning experiences to individual learning capabilities. Some of the students who may read and write very poorly can be expected to be very curious and verbalize fairly well regarding health topics presented.

Certain special education students, such as the educable mentally retarded and the trainable mentally retarded, may have very little ability to transfer learning. Words may have to be explained repeatedly in terms they can understand. Any audio-visual materials employed must be carefully screened prior to use and discussed after use to make certain the pupils understand the vocabulary and concepts presented. Emphasis should be placed on learning major concepts not facts that students won't be able to retain. The teaching techniques and extent or depth of coverage of material is governed to a considerable degree by the types and degree of handicaps of the children involved.

Remember that the mentally handicapped child or adult is not very different from any other human being. First, this individual is a human being, and only secondly does he have a handicap. His basic needs are as great as anyone else's, but his difficulties in learning, relating and coping may be greater. His behavioral manifestations may be inappropriate and because of this so-called negative behavior, his problems are great.

Teaching anything to those with learning problems requires special skills and understanding. Their needs are often more individually demanding; and it is usually more difficult to communicate with them. In preparing this guide, the writers were especially conscious of the tremendous range of special education students' abilities to learn. There are handicapped individuals who are barely distinguishable from the so-called "normal" members of society. And there are those whose handicaps are so extreme that they may never learn to perform simple tasks of self-care such as eating or dressing. The writers of this guide assume that the special education teachers using it already have an understanding of the similarities and differences of their students compared to those students without learning problems. Therefore, any reference to types and/or classifications of handicaps is generally avoided.

NUTRITION

OVERVIEW

Americans are among the fortunate few on earth who have enough of the right kinds of food so that all citizens can have a balanced diet. Unfortunately, a large proportion of the people do not take advantage of this opportunity. Many are ignorant of what constitutes an adequate diet. Others think that since their budget prohibits the buying of large quantities of meat, they must settle for a protein-deficient diet. Some are swayed by misleading advertising on television and radio.

Retarded children are particularly vulnerable to the bad eating habits which are wide-spread in this nation. A retarded child may find it difficult to see the relationship between good nutrition and physical health because the connections are complex and there may be a time lag between cause and effect. The child is also more likely even than normal children to be swayed by the advertising heard on his/her favorite programs.

The school's major nutritional concern is in the promotion of sound dietary habits. The challenge is to break the traditional boredom of memorizing nutrients in the food groups and move in the field of stimulating nutritionally-grounded experiences.

Eating wisely is essential for a happy and healthy life!

OBJECTIVES

Suggested Pupil Outcomes:

1. Demonstrate a knowledge of the relationship of good nutrition, adequate sleep and physical activity to the body's growth and development.

2. Discover and evaluate how behavior while eating can influence body processes in both a negative and positive manner.

3. Demonstrate a knowledge of the basic principles of meal planning.

4. List and describe methods for handling and preserving foods. Demonstrate their application to consumer use.

5. Examine and evaluate the problems of obesity at various age levels.

6. Demonstrate a knowledge of the four basic food groups and categorize the most commonly eaten foods.

MAJOR CONCEPTS

1. Optimal growth is dependent on personal health practices and wise decisions.
2. Growing regularly is a sign of health.
3. All living things need food in order to grow.
4. A variety of food assures good nutrition.
5. Food is used for many reasons and food intake and output is basic to the development of a sound body.
6. Food is good.
7. Some foods may be better for the body than others.
8. Many kinds of food are available from which to select an adequate diet.
9. Keeping food clean is important.
10. Food is kept safe to eat by improved processing methods.
11. Our senses of taste and smell affect our selection of food.
12. Dietary practices are affected by tradition, culture, and ethnic background.
13. Different foods come from a variety of places.
14. The packaging and preservation of food is important to keep them healthful.
15. Observing proper table manners helps make meals pleasant for everyone and helps one get the most out of meals.

CONTENT OUTLINE

I. What is Food?
   A. Need for water and food
   B. How food affects how we feel
   C. Different kinds of foods
   D. Where different foods come from
   E. How traditions, culture and ethnic background affect selection of foods

II. Food is Used for Pleasure
   A. Favorite foods
   B. Food as a part of pleasurable (happy) situations

III. Food is Used for (Doing Things) Energy
   A. Fuel in order for our bodies to move
   B. Heat production to keep our bodies warm
   C. Needed constantly to replace that consumed

IV. Food is Used for Building
   A. Needed for growth
   B. Growth is at different rates
   C. Cells (building blocks of the body) need food in order to grow, repair or replace themselves

V. People Eat Many Different Kinds of Food
   A. Different ways of eating different kinds of foods in different parts of the world
   B. Choosing what to eat from what is available to us
   C. Eating a variety of different foods
   D. How our senses affect our selection of foods
   E. Different foods are eaten in different ways
      1. Some foods are finger foods
      2. Some foods are eaten with a spoon
      3. Some foods are eaten with a fork

VI. Importance of Keeping Food Clean
   A. Necessity for handwashing
   B. Using clean eating utensils
   C. Washing raw fruits and vegetables prior to eating
   D. Not sharing same piece of food with other people or pets
   E. Necessity for refrigeration, freezing and improved processing of food

VII. Planning for Good Nutrition
   A. Selecting from the Basic Four food groups for simple meal planning
   B. Good snacks versus empty calories

LEARNING AND EVALUATIVE ACTIVITIES

1. Observe growth of seeds and plants in soil; use soil with insufficient nutrients, adequate nutrients and too many nutrients.

2. Place grass seed in a sponge and add water; observe and discuss the results.

3. Make a trip to the farm, pet store or zoo; ask farmer, store or zoo manager about foods the animals eat.

4. Discuss what makes us hungry.

5. Keep height and weight charts for individual comparison at 3 month intervals.

6. Bring in clothes from last year to try on.

7. Observe eating habits of pets; note differences between large and small animals, if any.

8. Compare your food intake with infant or toddler brother or sister.

9. Discuss why one child may eat more than another (first grader, teacher, etc.).

10. Elect a host or hostess for the tables at lunchtime. Discuss their responsibilities.

11. Construct a food train made from cartons composed of an engine and four cars. Each car should be designated as one of the basic four food groups. Make models of wide variety of foods and place in appropriate car.

12. Have tasting parties with simple party foods: peanut butter confections, no-bake cookies, fruit jello, etc. Make place mats and decorate tables. Form committees to carry out your party (setting up, serving, clean-up, etc.).

13. Make giant paintings of fruits and vegetables on large paper or cloth sacks. Put holes for arms and heads. Use in play or skit to tell class what is liked about each food (or where it came from, when we use it, etc.).

14. Have a play store using stand-up pictures or stock with empty cans and boxes. Practice buying foods for a meal using the basic four food groups.

15. Make a "good foods" booklet. Show a variety of foods from the basic four food groups.

16. Make a food chart showing balanced meals from the basic four groups.

17. Make simple food mobiles from construction paper.

18. Collect samples of cereal grains in plastic bags to display on bulletin board.

19. Discuss: Foods good for snacks.

20. Display pictures of the "pleasure foods" and tell when they should be eaten.

21. Show that some foods have more of one nutrient than other foods. Discuss why it is important for us to eat many types of foods.

22. Discuss the place of candy and sweet foods in the diet.

23. Visit a dairy to see how milk is pasteurized.

24. Discuss how food turns into energy in our bodies. Develop a chart to show how our body needs and uses energy.

25. Make a chart showing the many forms milk can take (ice cream, cottage cheese, etc.).

26. Discuss preparation for meals (washing hands, cooling-off from play activities).

27. Demonstrate proper use of napkin at table. Discuss small bites, eating slowly, elbows on table, cheerful conversation, use of utensils.

28. Draw up a list of good eating habits for bulletin board display.

29. Rub cotton on the floor, desks, etc. Examine and discuss eating food dropped on the floor.

30. Show how excitement and rushing relates to digestion.

31. Discuss traditional holiday foods (at home and in other countries). Make cranberry sauce for Thanksgiving, chocolate Easter eggs, etc.

32. Do some eating, smelling, tasting, cooking experiments with children to explore new possibilities in food.

33. Make butter, bread, jello, applesauce and ice cream in the classroom.

34. Serve a good breakfast in the classroom.

35. Make your own placemats for breakfast in art class.

36. Give each child a paper plate and a magazine. Cut out pictures for a good lunch, breakfast or dinner, paste on plate, add placemat, plastic silver and beverage for an attractive poster.

37. Discuss the nutritional value of raw and cooked vegetables. Why do we cook foods? Cook foods varying lengths of time and observe both the food and the water each time.

38. Plan with the school dietitian to have your class make one or more short visits to observe how foods are prepared. Follow-up with a group discussion of what the children saw and write an experience chart.

39. Collect food labels; discuss what the label tells about food that is inside the container. (Weight, additives, artificial coloring.)

40. Visit the following and study the role each has to play in providing safe food to eat:
    Meat packing company
    Water treatment plant
    Canning factory
    Bakery

41. Visit a store. Ask the grocer about government inspection. Have the store keeper tell and show how the food he sells is kept safe for people to use.

42. Discuss table manners and reasons why manners are used.

43. Role-play ways to encourage a relaxed mealtime and ways to create tension during mealtime.

44. List and discuss the foods they ate for breakfast this morning.

45. Demonstrate setting up a table, serving and clearing off.

46. Discuss and demonstrate use of napkins, utensils, condiments, etc.

47. Role-play eating at a restaurant using good table manners.

48. Visit a local restaurant for lunch and a tour of the kitchen.

49. Visit a cider mill in the fall and a sugar shack in the spring.

50. Cut out pictures of different foods and put them up on bulletin boards labeled with the four groups.

51. Have children plan lunch and prepare it periodically using food group charts.

52. Practice going through lunch and discuss use of utensils.

53. Practice maning different foods using Peabody cards. Have tasting parties to taste foods children are unfamiliar with.

54. Make a chart to keep track of who eats something from all four food groups at lunch.

RESOURCES

Books:

At the Bakery, Lillian Colonius and Glenn Schroeder, Melmont, 1954, 634.7 C

Food and Nutrition, W.H. Sebrill and J.J. Haggerty, The Life Science Library, Time, Inc. 613.2 S

The Good Foods Coloring Book, Consumer and Marketing Service, U. S. Department of Agriculture (Free)

How Foods Are Preserved, Marjorie Banks, Benefic Press, 1963, 641.4 B

Let's Go to the Bakery, Naomi Buckheimer, Putnam, 1956, 664 B

The Medicine Show, 1963, Part II (Chapters 13-17) available through SEIMC

The Nuts Among the Berries, Ballantine Book, Inc. (Food Fadisms and Nutritional Quackery)

Story Book of Wheat, Maud Petersham, Winston, 1936, 664.7 P

You Visit a Sugar Refinery, Leonard Meshover, Benefic Press, 1966, 664.1

Films:

Adventure in Learning - Wheat, BOCES #842-2, black and white, 20 minutes

Big Dinner Table, BOCES #831-236, 11 minutes

Bread, BOCES (video cassette), 11 minutes

Chocolate: Why is Chocolate Sweet?, BOCES (video cassette), 4 minutes

Food for Fun, BOCES #831-313, 10 minutes

Food: Story of a Peanut Butter Sandwich, BOCES #832-118, 15 minutes

Good Eating Habits, BOCES #831-369, 11 minutes

Milk: From Farm to You, BOCES (video cassette), 13 minutes

Onions and Spaghetti: Why Do Onions Make Me Cry?, BOCES (video cassette), 5 minutes

Oranges: Where Do They Come From?, BOCES (video cassette), 4 minutes

Where Does Our Food Come From?, BOCES #831-27, 11 minutes

Pamphlets:

Jane and Jimmy Learn About Fresh Fruits and Vegetables, United Fresh Fruit and Vegetable Association, Educational Materials, 777 Fourteenth St., N.W., Washington, D.C. 20005

Hey Kids! Get Aboard the Good Ship Vitamin C, Florida Citrus Commission, Institutional and School Marketing Department, P.O. Box 148, Lakeland, Florida 33802. Also spirit duplicator masters of The Orange Clock, Monthly Calendar, Word Picture Story, and Four Seasons

Filmstrip and Cassette:

Alexander's Breakfast Secret - A Nutritional Aid from the Cereal Institute, BOCES #392-19

The Healthy Way in Wonderland - "Chef Ahmalett's Health Diet", BOCES #392-22

Kits:

Apples and Health Poster and Good for Me and My Apple, teaching units, National Apple Institute, Suite 410, 2000 P. Street, N.W., Washington, D.C. 20036

It's Breakfast Time, BOCES #123-23

Story of a Loaf of Bread, teaching unit for primary grades, Continental Baking Company, Home Economics Department, P.O. Box 731, Rye, N. Y. 10580

Game:

Astronaut Breakfast Game, Kellogg Company, Home Economics Service, Battle Creek, Michigan 49016, (Request must state number of students in class)

Puzzle:

Floor Puzzle: Breakfast, 36" x 24", sturdy puzzle, Trend Enterprises, Box 3073, St. Paul, Minnesota 55165, $10.20

Posters:

American Institute of Baking, 400 East Ontario Street, Chicago, Illinois
Foodway to Follow
The Pack-It Meal

Dairy Council of California, 1095 Market Street, San Francisco, California
Child Feeding Posters
The Four Food Groups
My Lunch for a Happy School Day
We All Like Milk
What We Do Day By Day

HENs:

Nutrition Materials, BOCES #HN-19

Nutrition-Oriented Menus, BOCES #HN-20

Cling Peach Advisory Board

Charts:

Del Monte Growing Chart

SENSORY PERCEPTION

OVERVIEW

Our senses play a vital role in our communications with the world around us. To think for a few moments about the challenges which face a person born blind or deaf is to be almost overwhelmed by our dependence on sight and hearing. Yet a philosopher has said that it is touch which gives meaning to all the other senses and touch which organizes all sensations. The sense of smell still reminds us, like our evolutionary predecessors, of danger. Taste adds pleasure to the vital function of eating.

Yet it is safe to say that no developmentally disabled child uses his senses as effectively as possible. Retarded children need help in tying their various sensations and perceptions together into meaningful constructs of reality.

The material in this unit relates to something which the student does every waking minute of every day -- receive, process, and respond to sensations of the world around him. Increased awareness of and sensitivity to this dynamic interaction enriches all of life for the child.

OBJECTIVES

Suggested Pupil Outcomes:

1. Identify what our senses are and the organs associated with them.
2. Identify and demonstrate proper care of eyes, ears, and nose.
3. Identify the importance of vision and hearing for normal daily functioning.
4. Cooperate in vision and hearing tests.
5. Demonstrate a willingness to wear glasses or any other aid if needed.
6. Abide by safety rules for protecting eyes, ears, and nose from injury and infection.
   a. Avoid placing fingers or other objects in eyes, ears, and nose.
   b. Refrain from throwing objects that might injure eyes, ears, and nose.
   c. Avoid looking directly at the sun or other bright light
   d. Read or view TV in appropriate light.

7. Describe the role of hearing aids and corrective lenses.

8. Show consideration of others who wear special aids or glasses.

MAJOR CONCEPTS

1. There are five main or special senses - seeing, hearing, smelling, touching, and tasting.
   We taste with our tongue.
   We feel with our skin.
   We see with our eyes.
   We smell with our nose.
   We hear with our ears.

2. Healthy eyes and ears are important to our overall well-being and learning ability.

3. The eyes are protected naturally by the bones of the skull, the eyelids and eyelashes, and by tears.

4. The hearing apparatus is protected, basically, by the skull and outer ear parts.

5. Eyeglasses can help people see better.

6. Hearing aids can help people hear better.

7. Screening test provides a means of detecting vision and hearing difficulties.

8. Sharp or pointed objects, in particular, may injure delicate body parts such as eyes, ears, and nose.

9. Proper medical care of colds and other illnesses can prove helpful in maintaining healthy eyes and ears. (Examples: Tonsilectomy, Adenoids removed to improve hearing.)

10. Blowing the nose properly will reduce the risk of damaging the middle and inner ear.

11. Proper lighting and viewing position can do much to avoid undue eye fatigue.

12. Small particles of foreign material which sometimes lodge beneath the eyelids require special attention and children should seek help from an adult in removing them.

13. Our nose helps us to smell as we breathe in air.

CONTENT OUTLINE

I. Our Senses Help Us to Know the World Around Us
   A. Our eyes and seeing
   B. Our ears and listening
   C. Our skin and touching
   D. Our nose and smelling
   E. Our tongue and tasting

II. Another Sense - Responsibility
   A. Safety and protection of our senses
   B. Care of the eyes and ears
   C. Participation in screening procedures

LEARNING ACTIVITIES

1. Make a bulletin board on the five senses. Teacher provides name and picture of part of body (eye, ear, nose, etc.). Child provides pictures of something to see, hear, etc.

2. Dramatize situation of a family viewing TV; (seating, lighting, length of time, distance, etc.).

3. Touching game: (Objects with different textures and feels are presented to blindfolded child who guesses what he has touched.) Other versions of the above include the: Smelling game, Hearing game, Seeing game, and Tasting game.

4. Demonstrate how vision and hearing tests are given. Possibly have school nurse-teacher demonstrate the "E" game.

5. Play game "Sharp Eyes": Have children make a circle standing close to each other, with hands behind their backs. One child is in the center of the circle; he is the dog. Some child has the dog's bone (any object) and he passes it quickly to child next to him. Keep passing the bone on. At some time, the bone may be passed the opposite way. Those in circle may only make motion of receiving bone to further confuse dog. Dog must have sharp eyes to find who has the bone. When he thinks he knows he may have 2 guesses. If he guesses right, he may still be the dog - otherwise child with bone becomes the dog.

6. Play game "Who Called?": Children form a circle and one child stands with his back to circle about 15-20 feet away. One child in center of circle points to another child to call the name of the child who is away. As soon as child recognizes caller, he says, "It is _____." He has 3 chances. If he fails, he changes place with caller. If he is correct, he changes places with person in the center.

7. Discuss day and night visions. Send one child into dark closet for a few minutes and upon return let other children look into his eyes to see dilation of pupils.

8. Play "What Can You See in 1 Minute".

9. Illustrate sound waves by plucking a tightly stretched wire or striking a tightly stretched membrane (drum) to vibrate it. Listen to a watch tick. (Different types of sounds.) Put a rubber band around a box and pull it to show how sound waves start.

10. Walk quietly through the hall and return to the classroom. Have the children make a list of the sounds they heard.

11. Collage of pictures depicting the five senses.

12. Have children tape-record their voices.

13. Demonstration of locations of the sense organs.

14. Observe children at play and on the street. Note safety habits.

15. Poems to discuss:

"Sounds"

I like the sounds of many things -
Of tinkling streams, a bird that sings,
Of falling raindrops, buzzing bees;
Of crunching snow, and wind in trees.

I like the sound of happy play,
Of echoes soft and far away,
Of music gay or sweet and slow,
Of trains and cars that swiftly go.

But there is one sound nicer far,
To me than all these others are,
I like the sound September brings,
When once again the school bell rings.

"Smells"

The world is full of wonderful smells
And you have a nose that always tells
Of bread in the oven, hot and nice,
Of cake being baked with lots of spice,
Of a barn with fresh cut hay in the mows,
Of horses and pigs and cats and cows,
Of a dog when he's warm and lies in the sun,
Of applesauce and chocolate and a sugar bun.
Wouldn't it be dreadful if you'd no nose to tell
Of every wonderful, wonderful smell?

"Wonders of Seeing"

When I lie flat upon the grass and put my face close down,
I see so many, many things, all colors, green and brown,
And red and black, so many things that go round and round,
And here and there and slow and fast along the ground,
Forewards and backwards and not fast at all,
Just a creepy, creepy crawl.
There's always something moving
So I'm never bored at all.

16. Make "feely boxes" out of shoe boxes, cloth remnants, marbles, etc.

17. Play Simon Says but say, "Simon says touch what you hear with, touch what you see with," etc.

18. Tap a rhythm. Pick one child and ask him to tap it just as you did.

19. Go for a "listening walk." Talk about the sounds you hear.

20. Make a tape of familiar sounds such as thunder, birds, footsteps, running water, and a train going past. Ask the children to identify the sounds.

21. Assign each child a word. Read a story which uses these words frequently. (Such a story is fun to make up yourself.) Each time a child's word occurs, he should clap, stamp or make some appropriate gesture as quickly as he can.

22. Read a story and ask the children questions, either as you go along, or at the end. If they know you are going to do this, they will try harder to listen carefully.

23. Make a "grab bag" out of a draw string bag. Fill it with common objects and open the top just enough for the child to put his hand in. Ask him to choose an object and identify it by touch, without peeking.

24. Finger paint is fun if you close your eyes and draw a picture. Then open them and see how well you did without looking.

25. Little samples of different textures such as corduroy, satin, sandpaper and feathers are interesting stapled onto the pages of an album. Talk about what you think of or how you feel when you touch the different samples.

26. Shapes such as triangle, circle and square have a whole new meaning when explored by touch. Have a variety of large and small, and rough and smooth for sorting or matching while blindfolded.

27. Put a number of common objects on a tray. Have the children look at them carefully for a minute or two. Then cover them. Can the children name all the objects they saw?

28. Cover ears with hands to block hearing. Relate this to fluid or wax in the ears and discuss how it can be corrected.

29. If any child has been to the hospital to have tonsils and adenoids removed, have him discuss his experience.

RESOURCES

Books:

About Four Seasons and Five Senses, Shaw Radlauer; Melmont Publishers, Inc., Chicago, Illinois, 1960, 811
R

Find Out By Touching, Paul Showers; Thomas Y. Crowell Company, New York, 1961, 152
S

How We Talk; The Story of Speech, Marilyn Brottman Bennett and Sylvia Sanders; Medical Books for Young Children; Lerner Publications Company, Minneapolis, Minnesota, 1966, 612
B

The Listening Walk, Paul Showers; Thomas Y. Crowell Company, New York, 1961, 152
S

My Five Senses, Aliki; Thomas Y. Crowell Company, New York, 1962, 612
A

The True Book of Sounds We Hear, Illa Podendorf; Children's Press, Chicago, Illinois, 1955, 534
P

Films:

A Look at You, BOCES #831-244, 13 minutes

Eye Care Fantasy, BOCES (video cassette), 8 minutes

Hailstones and Halibut Bones I, BOCES #831-327, 6 minutes

Hailstones and Halibut Bones II, BOCES #831-328, 7 minutes

Listening, BOCES #832-97, 14 minutes

Thousand Eyes, A, BOCES #831-315, 10 minutes

Ways to Find Out, BOCES #831-310, 11 minutes

Kits:

Perceptual Skills Curriculum: Auditory Perception Kit, Gerome Rosner, Walker Educational Book Corp., 720 Fifth Avenue, N. Y., N. Y. 10019, 1973

HEN:

Sensory Perception Materials, BOCES #HN-21

DENTAL HEALTH

OVERVIEW

Even families who are responsible and conscientious may have difficulty enforcing habits which will promote good dental health in their children. It takes time and patience to foster the habits of frequent brushing, to insure regular visits to the dentist and to control the selection of food to supply nutritional needs.

Another problem to overcome in working for good dental health is the inefficiency with which most children clean their teeth. A toothpaste "for people who can't brush after every meal" is hardly the answer for a child who is careless in the method of brushing, who seldom or never brushes or who consumes sweet snack foods daily.

As is usually the case, for handicapped children the problems are multiplied. However, through education, a great number of these dental ills can be prevented or controlled. This unit will deal with the educational phase of dental health as it pertains to the child and his parents. Because dental health is known to affect the general health, appearance and social adjustment of an individual throughout his lifetime, the school can and should help to control dental disease, correcting defects and establishing good oral hygiene habits.

OBJECTIVES

Suggested Pupil Outcomes:

1. Develop favorable attitudes toward caring for the mouth and teeth reflected in habitually practicing good dental hygiene.
2. Describe how dental health is a necessary requirement for good health and good appearance.
3. Value the continuous need to improve dental health status by visiting the dentist, good oral care, and eating proper foods.
4. Identify those practices which affect dental health.
5. Identify habits that adversely affect dental health.
6. Utilize sound protective measures against accidents to oral structures.
7. Encourage parents to provide periodic professional treatment.
8. Demonstrate proper toothbrushing techniques.
9. Identify tooth structure and function to better understand the value of good dental care.

MAJOR CONCEPTS

1. Observance of good dental health practices, including personal care, professional care, proper diet and oral habits, is most important to good oral health.
2. Teeth are important to us for many reasons.
3. Different shapes indicate the different jobs the teeth do.
4. The number of teeth we have changes as we grow.
5. Daily care is important to dental health.
6. Food left on the interproximal surfaces of teeth can cause decay.
7. Teeth can be affected by foods we eat.
8. Regular visits to a dentist can help maintain healthy teeth.
9. Many dental accidents can be prevented by safe practices.
10. Our teeth help us to chew food for good health, speak clearly, look attractive and have proper facial form.

CONTENT OUTLINE

I. How Our Teeth Are Important to Us
   A. Appearance
   B. Structure and growth of the teeth to perform the functions of grinding, cutting, tearing, and crushing
   C. Primary and permanent teeth (premature loss of primary teeth can cause uneven growth of permanent teeth)

II. Taking Care of Our Teeth
   A. Cavities are caused by improper care
      1. What are cavities?
      2. Fluoride application and/or addition to water supplies
      3. Flossing can be helpful
      4. Swish and swallow
   B. Brushing
      1. Types of toothbrushes
      2. Care of the teeth
      3. Toothpaste and toothpowder
      4. How to brush
         a. Total time - 3 minutes
         b. Use wiggle method
         c. Brush all surfaces of all teeth
   C. Chewing on foreign objects
   D. Thumb sucking, lip and tongue biting

III. Our Diet is Important for Healthy Teeth and Gums
   A. Foods for sound teeth
   B. Foods that cause tooth decay
   C. Foods that help reduce and control decay

IV. Individuals Who Are Important in Dental Health
   A. Dentist
   B. Dental Hygienist
   C. Orthodontist
   D. Parents
   E. You

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss use of teeth for eating, speech and appearance.

2. Compare the teeth with other cutting and grinding machines.

3. Display a collection of magazine pictures about dental health on bulletin board or arrange the room with pictures, models and objects pertaining to various aspects of dental health. (Dental tools, animal teeth, human teeth, tooth models - healthy and decayed, toothbrushes, etc.)

4. Have class members collect pictures of people smiling. Illustrate how some of these people would look with missing teeth by blackening a few of the teeth.

5. Make a bulletin board display illustrating types of teeth and their functions. (Cut, tear, crush, grind.)

6. Display and discuss magazine pictures brought by children showing good and bad foods for teeth using a "Happy and Sad Tooth" chart.

7. To show that acid will weaken substances containing calcium (such as tooth enamel) place a whole egg in a bowl of vinegar (acetic acid) for about 24 hours. The egg shell should become soft as the vinegar decalcifies the shell.

8. Have child prepare lists of good dental snack-time foods.

9. Demonstrate ways of cleaning teeth when a brush isn't available (swish and swallow, etc.).

10. Have each child eat a cracker and with his tongue feel the coating of food on the teeth. Then have each student eat a piece of carrot, celery or apple and note how much cleaner the teeth feel. Discuss the value certain foods such as apples, celery, carrots, and oranges as tooth cleaners. (Nature's toothbrushes.)

11. Make a table display called "using the right tools", have some things on which children should not use their teeth (bottle caps, nuts, etc.). Beside each one place a tool or picture of a tool that should be used.

12. Display pencils, unshelled nuts, buttons and other hard objects and discuss the dangers to teeth when these items are bitten or chewed.

13. Have children prepare a daily brushing chart to be taken home and hung in the bathroom to record when their teeth have been brushed or rinsed. Use different symbols for brushing and rinsing. Evaluate.

14. Discuss how teeth grow by examining a model of teeth and jaw.

15. Examine extracted teeth, noting size of crown in comparison to root, presence of cavities.

16. Discuss the importance of taking good care of primary teeth even though you will be losing them.

17. Demonstrate proper ways to brush teeth and discuss time for brushing them.

18. Observe one's own teeth in a mirror to determine how clean they are. Observe any debris (food plaque) by removing some with toothpick and observing under microscope.

19. Brush teeth after lunch in school daily.

20. Check teeth every morning for food plaque. Keep chart marking when teeth are clean.

21. Demonstrate with large set of teeth and toothbrush the proper way to brush teeth, including use and care of the toothbrush. Teacher should demonstrate brushing by:
    Using a large model brush and model of teeth, if available.
    Bringing own toothbrush and demonstrating - length of time, all teeth, and ways of brushing.
    Having each child bring his or her own brush and practice brushing properly - length of time, surfaces of all teeth.

22. Demonstrate flossing. Have a child hold up a forefinger and middle finger firmly together. Gently move a strand of dental floss (wound around your forefingers) between the upright fingers. Fold the dental floss around one finger moving upward to remove food plaque. Move the floss down again and up around the other finger.

23. Distribute toothbrushes and small tubes of toothpaste to the children to take home and use. (Often available free from major manufacturers.)

24. Make toothpowder in class. Students mix the following ingredients in the proportions indicated: 1 teaspoon salt, 2-3 teaspoons baking soda, and a drop or two of oil of peppermint, wintergreen or cinnamon. Have pupils take some home to use when brushing teeth.

25. Discuss the loss of primary (deciduous) teeth as a normal process unless there is tooth decay or an accident.

26. Have children share the experience of losing a tooth.

27. Discuss a new baby and the fact it has no teeth.

28. Have each pupil draw a set of baby teeth and a set of permanent teeth. Place an X over the baby teeth that have been lost. Circle the permanent teeth that have erupted. Combine drawings into a scrapbook that could be used during the year. (Use a ditto master.)

29. Make puppets and depict a visit to the dentist.

30. Invite dentist or dental hygienist to visit class and explain services given by a dentist (Ask them to bring dental instruments if possible.) Explain meaning of following words: germ, cavity, acid, primary, appearance, digestion, permanent, dentist, enamel, calcium, caries, penetrates, fluoride.

Poems:

"Teeth"
Some are big,
Some are small.
Others aren't there
At all!

"Brushing"
This is what we want to know -
Brush our teeth the way they grow.
Inside and out and on the top,
We brush them clean before we stop!

"But Then"
A tooth fell out
And left a space
So big my tongue
Can touch my face.

And everytime
A smile, I show
A space where some-
thing used to grow

I miss my tooth
As you can guess,
But then - I have to
Brush one less!

"Brush, Brush Your Teeth"
Brush, brush your teeth up to your gum
Don't you let the cavities come
Brush brush up
Brush brush down
Brush up - brush down.

"Wiggly Tooth"
Once I had a little tooth
That wobbled everyday;
When I ate and when I talked,
It wiggled every way.

Then I had some candy -
A sticky taffy roll.
Now where my wiggly tooth was -
Is nothing but a hole!

RESOURCES

Books:

Dentist's Tools, Carolyn Lapp; Lerner Publications Company, Minneapolis, Minnesota, 1961, 617.6 L

"Health and Growth Series", Book #1, Scott Foresman and Company, Glenview, Illinois 60025

Films:

Dottie and Her Dad, 16mm, 4 1/2 minutes, American Dental Association

Dottie and the Dentist, 16mm, 4 1/2 minutes, American Dental Association

Learning to Brush, BOCES #831-185, 10 minutes

Tommy's Healthy Teeth, BOCES #831-150, 11 minutes

Kits:

Dental Health School Presentation Kit, pamphlets, posters, toothbrushes, and toothpaste, Proctor and Gamble, P.O. Box 599, Cincinnati, Ohio, (Professional Services Division), materials available through American Dental Association, 222 East Superior Street, Chicago, Illinois

Dental Health Teaching Unit - Grades 1-3, Bristol Myers, Educational Services Department, 630 Fifth Avenue, New York, New York

Filmstrips:

"Billy Meets Tommy Tooth", "Ten Little People and Their Teeth", American Dental Association, Bureau of Dental Health Education, 211 East Chicago Avenue, Chicago, Illinois 60611

Filmstrips and Records:

"Your Mouth Speaking", 7 filmstrips, Walt Disney Educational Materials, Department F, 800 Sonora Avenue, Glendale, California 91201

Other assorted materials available from:
American Dental Association
Bureau of Dental Health Education
211 East Chicago Avenue
Chicago, Illinois 60611

HEALTH STATUS, DISEASE PREVENTION AND CONTROL

Evidence is mounting that physically fit persons lead longer lives, have better performance records, and participate more fully in life than those who are unfit. Physical fitness may be defined as "a quality which enhances all other human qualities." Studies have shown that physically fit students miss fewer classes, participate in more activities and have fewer emotional problems than other students. Physical fitness is an essential quality for anyone desiring to make the most of himself and life.

For the developmentally disabled child, the goal of physical fitness has even greater importance. For all children the first period of life is the one in which sense organs and muscle systems interact with the environment to provide a structure upon which more complex perceptual and intellectual functioning can grow. In the case of the student who is mentally retarded, this early period has not established a structure which is adequate. The child may lack basic concepts; he may lack the skills to process information from his sense organs.

A good healthy body can help the handicapped child interact more meaningfully with his environment. He is more mobile and better able to explore; he can manipulate large and small objects, and control and use tools. He's active involvement with the things around him can help overcome weaknesses in the cognitive structure. He becomes better able to differentiate himself from all that is not himself; he gains a realistic image of his own body.

The school health education program can provide knowledge and understanding of basic health principles in order to develop desirable health attitudes and behavior for the promotion of physical fitness. Thus, each individual should learn to enjoy taking part in vigorous exercise appropriate to age and general ability.

Rather than presenting health and disease as mutually exclusive categories, they should perhaps be shown as part of a continuum which ranges from the feeling of vitality and well-being described above all the way to the cessation of life. Intermediate points along the way would represent various conditions of mental and physical well-being. The children can perhaps define their own intermediate points such as "being really tired," "having a bad cold," "having pneumonia," and so forth.

The teacher can then point out that health is a process which is carried on each day in which we work toward feeling our best; we do this work by eating the right foods, getting the proper amount of sleep, exercising, and learning to get along with other people.

OBJECTIVES

1. Understand that physical exercise and activities benefit health.
2. Evaluate one's own growth and development and develop an understanding of the need for body fitness.
3. Understand that health is a quality of life that can be appraised and measured.
4. Familiarize oneself with members of the school health team and their role in the total school program.
5. Identify the role of "community helpers" in preventing health problems and enhancing health status.
6. Develop an understanding that how one feels involves physical, mental, emotional and social aspects of the individual's health.
7. Develop a willingness to practice wholesome habits of personal health.
8. Determine the importance of personal cleanliness.
9. Identify how people differ in body types (height, weight).
10. Develop an understanding that poor health habits can cause illness.
11. Assume responsibility oneself for using personal health habits that will discourage the spread of disease.
12. Identify fundamental principles of disease.
13. Become aware of the fact that even animals practice good health habits.
14. Define those daily activities which have a positive effect on personal health.

MAJOR CONCEPTS

1. Exercise and play contribute to personal happiness, growth, strength, relief of fatigue, and making friends.
2. Daily exercise strengthens and increases the effectiveness of the body and its organs.
3. Suitable conditions are necessary for play activity.
4. There are suitable times for exercise and play.
5. Sleep, rest, and proper food are important for tomorrow's exercise and play.
6. Good sportsmanship adds to the enjoyment of play activities.
7. Engaging in hobbies, or changing one's activities helps one to relax.
8. Moderate exercise is recommended after illness and for the physically handicapped.
9. Teachers, nurses, doctors, and other members of the school health team work together to help keep children healthy.
10. Each person has a responsibility for his/her own personal care.
11. All good grooming practices are important to one's appearance, happiness and health.
12. Regular bathing removes perspiration, oil, and dirt from the skin.
13. Proper care of the hair keeps it clean, healthy and attractive.
14. Proper care of the nails is important to grooming and the prevention of infection.
15. Personal health is significantly linked with personal habits.
16. Germs can cause disease.
17. Doctors don't always know what makes people sick.
18. The nature of many diseases makes it possible for them to be spread from person to person.
19. There are several portals of entry of disease germs into the body.
20. Illness has an effect on the way that we feel physically, mentally, and emotionally.
21. A more serious disease may follow what appears to be an insignificant illness.

22. Group behavior may affect the health of each individual in the group.

23. We are dependent upon many people to help us when we are ill.

24. An awareness of one's own physical condition and rate of growth is essential to good health.

25. Animals need sleep, proper food, exercise and cleanliness just as people do.

CONTENT OUTLINE

I. Our Health Can Be Measured
   A. Each person is different
   B. Health appraisals are part of our school program
      1. Medical check-over
      2. Seeing and hearing
      3. Teeth and gums
      4. How tall and how small

II. Many Individuals Help Protect Us From Illness
   A. Parents and family members
   B. Teachers
   C. Doctors
   D. Dentists
   E. Dental Hygienists
   F. Pharmacists
   G. Veterinarians
   H. Cafeteria workers
   I. Friends

III. Getting Familiar with the Community Health Team
   A. Family doctor
   B. Dentist
   C. Public health nurse
   D. Social Service

IV. How to Keep Yourself Well
   A. Physical exercise and activity
   B. Clean body and clothes
   C. Clean, neat and safe surroundings
   D. Posture and carriage
   E. Being friendly and helpful
   F. Time for sleep, rest, relaxation, and play

V. Signs of Illness (Which Should be Reported) Are Reflected in the Ways We Look and Feel
   A. Sore throat
   B. Headache
   C. Stomachache
   D. Vomiting
   E. Skin rashes

VI. There Are Several Habits Which Can Discourage the Spread of Disease
   A. Body cleanliness and handwashing
   B. Care in the use of personal items
   C. Proper toilet habits
   D. Drinking and eating precautions
   E. Covering mouth/nose when coughing/sneezing
   F. Proper use/disposal of paper tissues
   G. Obtaining adequate rest, exercise, and diet
   H. Proper care of cuts and abrasions
   I. Acquiring proper immunizations

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss relationship of good health habits and keeping well. Have students construct a list of good health habits.

2. Have the physical education teacher explain the importance, benefits, and need for regular play and exercise in maintaining and developing physical fitness. Class activity: Mimetic activities, low organized games, and contests at recess and in physical education class. Relate values of these activities to fitness.

3. Have physical education teacher help demonstrate what muscles do and the difference between strong and weak muscles. Discuss how good health habits strengthen muscles.

4. Discuss the reasons for some members of the class being stronger than others.

5. Bring in and display pictures of your favorite sport or sport hero. Discuss this activity or personality with class.

6. Make an illustrated list of physical activities the children participate in.

7. Activity: Perform strength building exercises and stunts. Exercise using stuffed animals stuffed with rice, weighing 3 to 5 pounds.

8. Discuss the opportunities made available for play at school and at home.

9. Discuss the reason for playing outside when possible.

10. Discuss the kinds of outdoor activities participated in at school and at home and what they contribute to health.

11. Explain why some pupils can play and work without getting tired very quickly.

12. Dramatize and illustrate safe and unsafe forms of play activities.

13. Give examples of good sportsmanship in play activities.

14. Dramatize and discuss good sportsmanship.

15. Discuss the need for teamwork and cooperation in games.

16. Explain the reasons for moderated exercise and play for the handicapped.

17. Give examples of moderated exercise and play.

18. Demonstrate and have children participate in a variety of exercises or activities that can help one relax.

19. Play records for certain movements.

20. Cut out magazine pictures of members of the school health team and then tell a story about what the person is doing.

21. Dramatize what happens when pupils do not get enough sleep.

22. Discuss relaxing activities that should be engaged in before going to bed.

23. Explain why rest is important and needed at certain times.

24. Oil one sheet of paper and sprinkle dirt and dust on it. Sprinkle dirt on a clean sheet of paper also. Relate it to skin cleansing.

25. Construct figures with pipe cleaners or clay demonstrating various physical activities.

26. Discuss: "Exercise can be fun."

27. Discussion of proper procedure for washing hands and face. Demonstrate and practice individually.

28. Have children keep a chart of their weight and height.

29. Have school nurse-teacher visit class for a preparatory talk before physical appraisals, weighing and measuring, vision and hearing tests.

30. Have dental hygiene teacher come to class for preparatory talk before dental appraisal.

31. Pantomine: preparation for school, washing face and hands, combing hair, and putting on clothes.

32. Charades game: One child acts out a good grooming activity while others guess what he is doing.

33. Puppet play of a child who argues with his parents not to go to bed. Older sibling comes in to explain benefits of sleep.

34. Have children discuss following poem:

    They call me little Sleepy Head.
    I yawn at work, I yawn at play.
    I yawn and yawn and yawn all day.
    Then take my sleepy yawns to bed.
    That's why they call me Sleepy Head.

35. Brush teeth daily in school after lunch after the dental health teacher has demonstrated the proper way to brush.

36. Set up a health corner with a full length mirror and combs and brushes for each child.

37. Visit a beautician or have one visit the room. She can demonstrate how she cleans combs and brushes and stress the importance of having individual combs and brushes.

38. Ask the school cafeteria if you can visit while they are cleaning. Have them explain the importance of cleanliness.

39. Watch classroom animals and discuss their health habits.

40. During daily care of animals stress the similar care that children need.

41. Have a veterinarian visit the room and discuss how he cares for animals like doctors care for people or visit an SPCA and ask them to stress cleanliness.

42. Have child help in maintaining an appraisal of health status checklist.

Positive Signs

1. a strong well-built skeleton
2. sound well-formed teeth
3. erect posture
4. healthy color to skin
5. well-developed muscles
6. a moderate padding of fat
7. eyes bright and clear
8. facial expresssion alert and happy
9. hair smooth, glossy and luxuriant
10. child reports good appetite, good digestion, and regular elimination
11. child reports sound and refreshing sleep
12. mucous membranes of mouth and eyes are reddish pink
13. fingernails and ears are a reddish pink as seen under light

43. Discuss the fact that the ill feeling is nature's way of telling us that something is wrong with our body.

44. Ask children to tell of individual experiences when ill - who was first to help, who did what, etc. Have them construct posters showing the people who helped.

45. Have students pass a ball representing germs to one another. Call the ball "Chicken Pox," "Flu" or some other childhood disease. Discuss.

46. Discuss what might happen without proper care.

47. Discuss the importance of proper care and adhering to doctor's advice if one has a minor disease. Cite examples of a minor illness leading to pneumonia, heart problems, hearing loss, etc.

48. Use an atomizer to demonstrate how coughing and sneezing spread germs. Contact local American Lung Association for photographs showing actual range of cough and sneeze spray.

49. Have nurse talk about tuberculosis and the tuberculin testing program.

50. Discuss the importance of a "runny" nose when one has a cold. Relate this to irritation caused by germs.

51. Role play - How can cold germs get into the body?

52. Discuss the importance of using your own toothbrush, handkerchief, drinking glass, etc.

53. Have school nurse explain how germs enter the body through cuts in the skin; explain how to cleanse and why this is important.

54. Discuss the importance of immunization shots.

55. Bulletin board on good health habits.

56. Role play - The doctor takes care of the sick and the nurse takes care of the sick.

57. Discuss importance of hospitals, vaccinations.

58. Have students role play - Proper way of behaving around others when you are ill; how to spread disease; how to prevent spread of disease.

59. Construct a poster illustrating the health habits that help to prevent gerns from entering respiratory system.

60. Develop a poster on how to avoid colds.

61. Make a bulletin using manikins or paper dolls that can be dressed properly for the day.

62. Discuss the importance of using tissues when one has a runny nose and of disposing of them properly.

63. Demonstrate how to blow one's nose.

64. Keep a health chart with areas to mark down when a child washes his face and hands, when he combs his hair, and when he brushes his teeth.

65. Provide opportunities for children to shower in school.

RESOURCES

Books:

Daily Sensorimotor Training Activities, William T. Bradley, M.Ed.; Geraldine Konicki, Catherine Leedy; Educational Activities, Inc., Freeport, Long Island, New York $4.95 - also available at SUCC bookstore

Dear Little Mumps Child, Marguerite Lerner; Lerner Publications Company, 241 First Avenue North, Minneapolis, Minnesota 55401, 618.92
L

Karen Gets a Fever, Miriam Gilbert; Lerner Publications Company, 241

Michael Gets the Measles, Marguerite Lerner; Lerner Publications Company, 241 First Avenue North, Minneapolis, Minnesota 55401, 618.92
L

Peter Gets the Chicken Pox, Marguerite Lerner; Lerner Publications Company, 241 First Avenue North, Minneapolis, Minnesota 55401, 618.92
L

The True Book of Bacteria, Anne Frahm; Children's Press, Chicago, Illinois, 1963, 589.9
F

The True Book of Health, Olive V. Haynes, R.N.; Children's Press, Chicago, Illinois, 1954, 612
H

The True Book of Your Body and You, Alice Hinshaw; Children's Press, Chicago, Illinois, 1959, 613
H

What Is a Human, Melvin L. Alexenberg; Benefic Press, Chicago, Illinois, 1964, 612
A

Your Wonderful Body, Robert Follett; Follett Publishing Company, Chicago, Illinois, 1961, 611
F

Film:

Alexander Learns Good Health, BOCES #831-8, 11 minutes

A Look at You: The Body, BOCES #831-242, 8 minutes

Films (Cont.):

A Look at You: Health, BOCES #831-245, 13 minutes

A Look at You: Muscles, BOCES #831-243, 8 minutes

Beginning Good Posture Habits, BOCES #841-3, black and white, 11 minutes

Be Healthy, Be Happy, BOCES #831-189, 11 minutes

Busy Bodies, BOCES #831-311, 10 minutes

Clean and Bright, BOCES #831-312, 10 minutes

Clean and Neat with Harv and Marv, BOCES #831-403, 11 minutes

Let's Be Clean and Neat, BOCES #831-74, 11 minutes

Running for Sheriff, BOCES #831-211, 12 minutes

Scott Goes to the Hospital, BOCES #831-404, 11 minutes

Sleepy Heads, BOCES #831-314, 10 minutes

Filmstrips and Cassettes:

Your Mother Speaking, Walk Disney Educational Materials, Dept. F, 800 Sonora Avenue, Glendale, CA 91201

The Healthy Way in Wonderland, BOCES #392-22

Kit:

Practicing Good Health, BOCES #123-29

DRUGS, ALCOHOL AND TOBACCO

OVERVIEW

The educator of primary educable children should feel the need to present information on drugs, alcohol and tobacco just as the educator at the secondary level should. The decision to use drugs, alcohol and tobacco is one based on values. Values begin to form at a very early age.

As educators we must guide the development of attitudes toward the use of chemical substances. We can best do this by providing our students with correct information and training. This will be their only defense against what they see at home and on the street. This curriculum is designed to assist teachers in presenting correct information to their students.

OBJECTIVES

1. Name the common drug products, household substances, and other compounds that can modify mood and behavior and affect health.
2. Identify ways common chemical substances are used in homes and community.
3. Make wise decisions and choices about the use of chemical substances that will contribute to good health.
4. Describe in general terms, the differences between alcoholic beverages and other beverages.
5. Analyze the differences in family practices and feelings about the use of tobacco and alcohol.
6. Describe the health hazards associated with smoking as they pertain to the individual and society.
7. Describe the advantages of good health in leading an active, productive life.

MAJOR CONCEPTS

1. The effects of substances which modify mood and behavior may be detrimental to physical health.

2. Alcohol is used in many different ways in our society.

3. Families and individuals feel differently about the use of tobacco and alcohol.

4. Children should not experiment with chemical substances.

5. People use chemicals for a variety of reasons.

6. Diseases are found more frequently among smokers than non-smokers.

7. Advertisements affect youth in many different ways.

8. The improper use of medicines which were designed to cure and prevent sickness is usually a dangerous practice.

9. The abuse of volatile materials such as gasoline and glue can cause damage to human tissue.

10. Individuals must be aware of and understand the health hazards associated with the use of any chemical substance so they can make an intelligent, personal decision regarding their use.

11. Medicines should be taken only if given by parents or a responsible adult. An adult should be called immediately if any medicines, cleaners, etc. are accidentally swallowed.

12. Drugs can be helpful to one's health when used as intended.

13. Safety precautions must be taken with medicines and other substances that we do know about.

14. New York State law requires that drugs must be dispensed in child-safe containers.

15. Aerosol sprays should not be inhaled as they have been shown to be detrimental to individual health and the environment.

16. Insecticide sprays can be harmful and should be used only by adults when children are not present.

17. For maximal growth, development and performance, one should avoid the use of tobacco.

CONTENT OUTLINE

I. Common Chemical Substances
   A. Drugs and medicines
      1. Aspirin
      2. Vitamins
      3. Prescription medications
      4. Other non-prescription preparations
      5. Caffeine/coke, coffee, tea
   B. Alcohol
   C. Tobacco
   D. Other potentially dangerous compounds
      1. Aerosol sprays
      2. Glue
      3. Cleaning compounds
      4. Insecticides
      5. Paint and thinner

II. Effects on the Body and Mind
   A. Helpful effects
   B. Harmful effects

III. Influences on Our Use of Chemical Substances
   A. Family and adults
   B. Peers
   C. Individual attitudes
   D. Decisions, decisions

LEARNING AND EVALUATIVE ACTIVITIES

1. Have students relate their experiences with taking medicine. Why is it necessary to take a specific amount at a specific time?
2. Discuss why a doctor's prescription is necessary to obtain certain types of drugs.
3. Role play being sick and taking medication from an adult at certain times, and discuss rules for taking medicine.
4. Present a druggist as a guest speaker; have him explain the safety factors associated with medicines as well as possible harm from misuse.
5. Arrange a real or imaginary visit to a drug store.
6. Show children poison labels so that they will learn to identify them.
7. Make a bingo game using caution and poison labels to help with identification.
8. Read warnings from labels on empty paint cans, cleaning fluids, glue tubes, etc., and explain meaning to students.
9. Explain to students what they should do if they feel any unusual effect after having been exposed to any chemical substances.
10. Have students discuss safety factors concerning chemical substances with parents and older brothers and sisters.
11. Role play getting help after being exposed to chemical substances.
12. Dramatize ways adults should properly dispose of old medicines and containers.
13. Role play idea of protecting younger child from taking medicines not meant for him.
14. Consider the reasons parents and older siblings give for smoking.
15. Ask a member of the Cancer, Heart, or Lung Association to visit room and bring materials.
16. Have students relate personal experiences with various substances and discuss the purposes and effects of each. Explain how some substances have both good and bad effects.
17. Discuss the dangers of having too much of a "good thing". (Sunburn, etc.)
18. Collect pictures showing people affected by various conditions and substances; match each picture with its appropriate effect.
19. Have a doctor discuss the relationship of health to use of chemical substances.

20. Have children discuss the things they do and say because their friends do. Discuss how to answer friends who insist that unknown substances be used. Discuss dangers of experimenting "for fun".

21. Show pictures of different beverages and discuss which have nutritional value and which can affect behavior.

22. Discuss seeing people on television or elsewhere and how they acted. Carefully discuss, "Why they act that way?"

23. Make a bulletin board display of magazine pictures of nutritional drinks and another of non-nutritional drinks.

24. Make a bulletin board display of products that can be used in place of aerosol products.

25. Poison Game: Have children clap hands or run around in a circle. Whenever teacher names a poison they have to stop the activity. As children get used to the game, start adding edible substances and encourage the students not to stop activity if substance isn't poisonous.

26. Suggest that each student ask the following question of his parents: "If you could make your decision to smoke or not to smoke all over again, would you start smoking?"

27. Use a smoking machine so children can see and smell substances that collect in the lungs.

28. Discuss the hazards of being close when insecticides are sprayed.

29. Sad/Happy Pictures:

Sad	Happy
Person smoking	Athlete saying no to cigarette
Child drinking alcohol	Child drinking fruit juice

RESOURCES

Films:

Drugs: A Primary Film, BOCES #831-346, 9 minutes

Huffless, Puffless Dragon, BOCES #831-392, 8 minutes

Puff the Magic Dragon, State Health Department, 84 Holland Avenue, Albany, New York 12222

Sniffy Escapes Poisoning, BOCES #831-336, 6 minutes

Tobacco: The Habit and the Hazard, filmstrip by Cathedral Films, Community project on Smoking and Health, 111 Light Court, Syracuse, New York 13210
Warning from Outer Space, Professional Arts on Smoking (FREE)

Filmstrip and Cassette:

Drugs, Poisons and Little Children, BOCES #392-4, 15 minutes

Posters:

Best Tip Yet: Don't Start, BOCES #P-75

Life is so Beautiful, Stay Alive, Don't Smoke Cigarettes, BOCES #P-73

Chart:

Smoking Flip Chart - Bunny Rabbits, BOCES #CH-4

Coloring Books:

Katy's Coloring Book About Drugs and Health, National Clearinghouse for Drug Abuse Information, 5600 Fishers Lane, Rockville, MD, $.35 per copy, GPO SN #2704-0011

Kool Kat Rapping with You on Drugs, BOCES #P-171

Story of a Cigarette, BOCES #P-34

Tuffy Talks About Medicine, BOCES #P-177

MENTAL HEALTH

OVERVIEW

For the young, handicapped child, what does mental health mean? It means the security of a strong sense of identity. This identity is based on knowing one's name, age, sex, teacher's name, family, address, school, town, and possibly, religion. Children should be helped to learn this information at the earliest age possible so that they will have the feeling of knowing who they are.

Mental health means a positive, yet realistic self image. A feeling of confidence from having met a challenge in the past is the best tool for approaching a new challenge in the future. In fact, growth and learning depend on the child's moving outside the limitations of his present experience to try new things. His concepts grow by integrating new sensations and perceptions with existing mental constructs of reality. If he is withdrawn and turned inward, this is impossible.

Young handicapped children are sometimes made to feel that they are not as "good" as non-handicapped children. When, in fact, they do learn more slowly and with more difficulty, how can they be given a feeling of success? One way is by comparing their own present performance with their past performance, rather than with the performances of any other child. "Last week you couldn't write your name and now you can," builds a positive self image even if it comes when the child is ten years old.

OBJECTIVES

Suggested Pupil Outcomes:

1. Demonstrate a sense of identity by being able to state the following knowledges:
   a. Name
   b. Birthdate
   c. Age
   d. Sex
   e. Teacher's name
   f. Family members' names
   g. School
   h. Address
   i. City/town
   j. Friends' names

2. Display understanding and control of one's emotions.

3. Think and act in a rational manner in most situations and relationships.

4. Demonstrate thoughtfulness and respect for himself and others.

5. Show interest and concern for the feelings of others.

6. Interpret and observe rules for living that make a happier and healthier life for all.

7. Show growth in the development of satisfactory interpersonal relationships.

8. Identify himself/herself as a person of worth.

MAJOR CONCEPTS

1. Good mental health is based on a strong sense of identity.

2. A strong sense of identity is based on knowing basic facts about oneself.

3. Mental growth and development tend to follow a predicatable pattern and sequence; yet, each individual is unique in these respects.

4. As we grow up we should learn to control our own behavior.

5. Not everyone feels the same about the same thing.

6. Consideration of others' rights and property is important.

7. We can affect how others feel just as they can affect how we feel.

8. We have many different feelings which are part of life: sadness, loneliness, hate, fear, anger, love, etc.

9. Our voice and actions reflect our feelings about ourselves.

10. How one feels mentally affects one's total health.

11. Each individual, as a person, is very important.

12. Everyone is different. You can do certain things well, better than others; yet, some can do things better than you.

13. Working and playing together is part of growing up.

14. Good behavior is a part of growing up. Improving behavior tells others you are growing up.

15. Sharing helps to make homes, schools and playgrounds happier places.

16. Knowing ourselves helps us to live better with others.

17. Mental health is how one feels about oneself, how one feels about other people, and how one is able to meet the demands of life.

18. Expressing feelings is a natural occurrence. However, there are acceptable and unacceptable ways of expressing them.

CONTENT OUTLINE

I. How is Everyone Unique?
   A. Everyone has his own identity
      1. Name
      2. Age - Birthdate
      3. Sex
      4. Teacher's name
      5. Names of other family members
      6. Address
      7. City/town
      8. School
      9. Name of friends
   B. Males and females are different
   C. Personality develops at varying rates
      1. Self-image
      2. Self-confidence
      3. Self-motivation and discovery
      4. Respect and trust for others
      5. Acceptance of occasional failure
      6. Decision-making skills
      7. Control of emotions
      8. Feeling and demonstrating compassion
      9. Knowing how and when to share
   D. Physical growth occurs at different rates

II. Basic Human Needs
   A. Physiological needs
   B. Psycho-social needs
      1. Sense of security
      2. Sense of trust
      3. Need for love
      4. Need for approval
      5. Need for independence
      6. Need to feel significant and worthy

III. Emotional Development
   A. The nature of emotion
   B. Emotional expression
      1. Positive release of feelings
      2. Negative or self-defeating responses
   C. Effect of emotions on the body

LEARNING AND EVALUATIVE ACTIVITIES

1. Sing morning songs using children's names ("Where is Joey, where is Joey" "Here I am, her I am" to tune of Frere Jacques).

2. Children practice answering toy telephones saying, "Hello, this is (child's first name, last name)."

3. Play bus and have each child tell the bus driver where they live.

4. Each child makes a family coloring book using dittoes which have one person on them. Each child has one page for each member of the family. The teacher can write the family member's name on the bottom of the page.

5. Using dittoed worksheets that can be colored, have each child make a coloring book about himself including pages with appropriate pictures and sentences describing child's name, age, sex, family size, address, and school.

6. Make birthdays of class members on the calendar. Each month have the class count the days to someone's birthday.

7. Have children practice introducing themselves to each other.

8. Ask the principal or another adult to come to the room and ask the children what their names are. Encourage them to use both first and last names.

9. Have the children tape record information about themselves. (Ex: My name is _____. I live _____. I have ____ brothers and sisters. I like to (play ball, swim) .

10. When children line up for a special class or for any reason say, "Will all five year olds line up. Will all six year olds line up." or "If your last name is _____ you may line up." or "If you have a sister named _____ you may line up."

11. Role-play being lost and telling a policeman who you are and where you live.

12. Make up plays about disappointments which occur and how they can work for good.

13. Tell about things you like to do, bring to school things you have made. Teacher make up a display of children's hobbies.

14. Read stories that illustrate children in different behavior situations. Discuss.

15. Discuss friendships, with older people, younger, peers. Role-play some of the situations that were discussed.

16. Make a list of desirable behavior practices, encourage weekly checking and ways to improve or change that is difficult.

17. Note behavior as it happens (Ex: sharing, comforting a friend).

18. Talk about times you are happy. Times that you are sad (or other feelings); what causes you to feel this way?

19. Talk about what you can do when you feel upset. Discuss how you can help others when they are upset.

20. Role-play situations and how they make you feel.

21. Discuss the many ways in which you can show kindness to others.

22. Teacher help children understand what is expected of them with others in classroom situations: how to wait; how to watch; how to play; how to share; how to help; how to accept a "no" or "yes" answer.

23. Tell how assuming responsibility for personal cleanliness and possessions can express consideration for others.

24. Discuss the differences between humor and jokes that hurt.

25. Demonstrate how our voice and facial expressions can reflect our feelings although our words may not.

26. Discuss the differences between tattling and concern.

27. Make charts: We are similar. We are different. Have children illustrate through a variety of media.

28. Make a pictorial display of feelings that everyone has.

29. Dramatize the proper reaction to offers made to students by strangers.

30. A discussion about the policeman being the students' friend will be desirable at this age. A visit to the classroom by a policeman will be helpful.

31. Have a talent or hobby show at school. Encourage the children's musical and artistic abilities. Watch for special aptitudes and skills which can be developed and channeled into constructive use.

32. Draw a picture or make a booklet of magazine pictures of things I like to do.

33. Discuss ways in which we can make living together in the classroom safer, more comfortable, friendlier, etc. Make a chart listing suggestions.

34. Draw pictures of what the nurse, teacher, school patrol do for children.

35. Discuss how children can help a new student in the classroom.

36. Discuss ways children can help the teacher and other children without having some specific job assigned to them.

37. Discuss what happens when duties are not carried out.

Books:

Aesop's Fables, a Keith Jennison book; Franklin Watts, Inc. Publishers, 575 Lexington Avenue, New York, New York 10022

Alexander and the Terrible, Horrible, No Good, Very Bad Day, Judith Voirst; Atheneum Publishers

All About Me: Boy's Book, M.W. Hudson; Frank E. Richards Co., 1966. This book is designed to develop a youngster's positive self-image through the use of visual, auditory, factile and kinetic exercises. Available through SEIMC. FL-0038

All About Me: Girl's Book, M.W. Hudson; Frank E. Richards Co., 1966. A multisensory learning approach is used to help develop a healthy self-image in the youngster. Available through SEIMC. FL-0039

The Boy With A Problem, Joan Fassler; Behavioral Publications Inc., 1971. Johnny has a problem and it seems so big that he doesn't feel like playing, or eating or anything! When his friend takes the time to listen to him, he begins to feel better. Available through SEIMC. FL-0168

Don't Worry, Dear, Joan Fassler; Behavioral Publications Inc., 1971. Jenny is a little girl who sucks her thumb, wets her bed and stutters on some of her words. The love and warmth her family gives her help her gradually to overcome all these problems. Available through SEIMC. FL-1069

Growing Up, Growing Older, North Shore Committee on the Older Adult; Holt, Rinehartand Winston, Inc., 1964. 612
N

Happiness is a Warm Puppy, Charles M. Schulz

I Am Here, I Can Do It, My Family and I, My Friends and I, Muriel Stanek; Benefic Press, Chicago, Illinois, 1967. (Set of books - Mental Health) 301.42
S

Love is a Special Way of Feeling, Joan Walsh Anglund

Lucy's Secret Pocket, (About Stealing)

Monarch Butterfly, Marion W. Marcher; E. M. Hale and Company, Eau Claire, Wisconsin, 1954. 595.7
M

Books: (Con't.)

One Day Everything Went Wrong, Elizabeth Vreckin; Follett Publishing Co., New York, 1966. E V

One Little Girl by Joan Fassler; Behavioral Publishers, Inc., 1969. This is the story of Laurie. Because she is retarded, Laurie is called a "slow child," but she finds out she is only slow in doing some things. The things she can do well she enjoys and takes pride in doing. Available through SEIMC. FL-0170.

There's Nothing To Do So Let Me Be You, Jean Horton Berg; Westiminister Press, Philadelphia, Pennsylvania

Up Above and Down Below by Irma Wibber; Scott, Foresman and Company, New York, 581 W

Films:

Big People, Little People, BOCES #831-140, 9 minutes

Bike, The, BOCES #832-114, 13 minutes

Billy and the Beast, BOCES #831-343, 10 minutes

Elmer Elephant, BOCES #831-283, 8 minutes

Fairness for Beginners, BOCES #831-57, 11 minutes

Free to Be You and Me Series:
- Part I Friendship and Cooperation, BOCES #832-426, 16 minutes
- Part II Expectations, BOCES #832-427, 14 minutes
- Part III Independence, BOCES #832-428, 17 minutes

Getting Along With Others, BOCES #831-10, 11 minutes

Hopscotch, BOCES #832-141, 12 minutes

I'm Feeling Series:
- I'm Feeling Alone, BOCES #831-395, 8 minutes
- I'm Feeling Sad, BOCES #831-396, 10 minutes
- I'm Feeling Scared, BOCES #831-397, 9 minutes
- I'm Mad at Me, BOCES #831-398, 8 minutes
- I'm Mad at You, BOCES #831-399, 9 minutes

Little Engine That Could, BOCES #831-82, 11 minutes

Little Gray Neck, BOCES #832-162, 18 minutes

Little Hiawatha, BOCES #831-285, 8 minutes

Films: (Con't.)

My Friend the Fish, BOCES #832-163, 18 minutes

Three Little Pigs, The, BOCES #831-285, 9 minutes

Tortoise and the Hare, BOCES #831-286, 8 minutes

Trick or Treat, BOCES #831-287, 8 minutes

Ugly Duckling, The, BOCES #831-288, 8 minutes

Kits:

Dimensions of Personality Series, workbook and teacher guide:
Let's Begin, Kindergarten, BOCES #123-5
Now I'm Ready, Grade One, BOCES #123-6
I Can Do It, Grade Two, BOCES #123-7
What About Me, Grade Three, BOCES #123-8

DUSO Kit I, grades K-2, BOCES #123-17

DUSO Kit II, grades 3-4, BOCES #123-18

Moods and Emotions Study Prints, The Child's World, Inc., Elgin, Illinois, BOCES #123-19

An Intensive Training Curriculum for the Education of Young Educable Mentally Retarded Children. Reports on research project of Palo Alto Medical Research Foundation and Medical Center, Univiersity of California, to demonstrate effectiveness of a social learning approach for education of young educable mentally retarded children. Research conducted between January 1969 and December 1971. Write: Sheila A. Ross, Senior Research Associate, Palo Alto Medical Research Foundation, Palo Alto, California 94305, or Bureau of Education for Handicapped Children, Office of Education, U.S. Department of Health, Education, and Welfare, Washington D.C. 20203.

"Emotional Problems in Mental Retardation - Utilization of Phychiatric Services" by J.Q. Simmons, Pediatric Clinic of North America, 15:957, 1968.

Night Time and Your Handicapped Child: Prevention and Handling of Sleep Problems. A parent bulletin from the Special Education Instructional Materials Center at Hunter College.

Removing Blocks to Mental Health in School, State Education Department, Albany, New York. (Suggested for faculty study of school situations that prevent optimum mental health.)

Special Education Guide for Teachers; Educable Mentally Retarded. Write for information on above to State Schools for Retarded Children, State Department of Education, Division of Public Schools, Jefferson City, MO 65101

FAMILY LIFE

OVERVIEW

Sexuality and death are topics within the realm of family life which are surrounded in Western Culture by clouds of strong emotion. These emotions are determined not only by direct experience, but by the ethics and mores of one's nation, religion, subculture, and family. They are complex and only fragments ever rise into conscious thought. Therefore, they are feared. It takes courage to attempt to confront one's feelings directly. Due to their importance, if certain topics within this unit are uncomfortable for the teacher, he/she should seek out other consultation or professional help that will enable the topics to be handled at this time, rather than neglecting to cover them.

When children first enter the school setting, they reflect a variety of expressions, reactions, and behaviors. Even though the children have diverse backgrounds, all of them have participated in some sort of family unit. It is this common background of pupil experience that provides a rich opportunity for an exploration of the nature of the family, the differences and similarities between families, and the roles of the individuals within the family unit.

As the children become aware of their role in the family, it is important to emphasize the relationship between their own personal growth and development and an increasing sense of responsibility to self and others, both within and outside the family setting. As development continues with mental, emotional, social and physical growth, the child's personal drives, desires, and personality become developed and satisfied. For the handicapped child, this process is more difficult, however. Defining and expressing drives and goals require the ability to express one's abstract ideas verbally. Abandoning the self-centeredness of early childhood requires that the child recognize the value of compromise for the well-being of the society as a whole.

Closely related to social and emotional adjustment is a child's sexual development. Sexuality is one of the most critical areas of the human personality, for the manner in which one's sexuality is directed and adjusted to the dictates of society has a direct effect on happiness and success. Ideally, the school and parents should cooperate in teaching the physiological and psychosexual facts of reproduction.

Similarly, the loss of a significant other, whether through separation, divorce or death, poses a monumental task of adjustment even for the "average" child or individual. Once again, the same home and school cooperation, that is desirable for adjustment in the area of sexuality, is most appropriate here.

Through this unit, the student would develop attitudes, knowledge, and skills which enable him to contribute effectively to his present and future family life.

OBJECTIVES

1. Demonstrate respect for himself and others.
2. Display interest in each member of the family and realize that each member should be interested in the well-being of every other member.
3. List the roles of each member of the family as an individual and as a contributing member of the family unit.
4. Care for personal belongings in the home.
5. Identify individual and family recreational activities.
6. Explain the significance of holidays as they relate to the family.
7. Apply good grooming habits at home.
8. Apply good health habits that contribute to personal growth and pleasing interpersonal relationships.
9. Identify the aspects of the continuous life cycle - birth, childhood, adulthood, old age, death.
10. Realize that death is the ultimate end to all living things.
11. Distinguish between death and sleep.
12. Express feelings and emotions regarding loss of a significant other.
13. Conclude that there is a need to share love, empathy and sympathy with individuals who are experiencing an emotionally charged situation related to loss of a significant other.
14. Relate similarities and differences in appearance, interests, and activities between boys and girls of the same age.
15. Recognize that all living things come from other living things.

MAJOR CONCEPTS

1. Growth and development tends to follow a predictable pattern and sequence, yet each individual is unique in these respects.
2. There are similarities and differences among living beings.
3. Environment affects living things.
4. Heredity causes all creatures to produce off-spring of their own kind.
5. Living things reproduce in many ways.
6. Related living organisms reproduce in similar ways.
7. Young animals have a need for home, food and parental care.
8. Consideration of family members' rights and property is important.
9. In some families, a new father or a new mother may be chosen to fill the necessary parent role.
10. Each individual, as a person, is a very important part of the family.
11. Families function to perpetuate man and fulfill certain health needs.
12. Each of us is a member of a family.
13. Each of us assumes various roles and responsibilities as a member of a family.
14. Parental decisions are usually made with the welfare of the total family in mind.
15. Changes that occur in daily living affect family life.
16. Adults help children to stay safe, happy, healthy, clothed, fed, and secure.
17. Families do many things together.
18. Sharing helps to make the home a happy place.
19. Children make contributions to the family.
20. Families help others in the community.
21. The family should foster the fullest development of each individual in the family.

22. The family is the basic social institution imbued with the responsibility for providing its members with kinds of experiences which they need for their maximum physical, mental, social, emotional, and spiritual development.

23. Some feelings of anger and resentment expressed by other members of the family are natural.

24. The very involvement of a child in the joys and sorrows of the family can be a source of maturation.

25. Everyone dies.

26. Children need to be prepared for the death of a family member or pet.

27. By learning to accept death as a part of the life cycle, an understanding of the emotional attitudes surrounding death will be fostered.

28. There are certain effects of death on the remaining family members which must be discussed openly with children.

29. Children need to be allowed to vent their feelings regarding life and death.

CONTENT OUTLINE

I. The Family is a Unit
   A. What is a family?
      1. There are many similarities
      2. There are many differences
   B. What are its purposes?
      1. Transmit culture
      2. Train and educate
      3. Provide security
      4. Provide a source of love and understanding
      5. Provide recreation and other activity
   C. What are roles in the family?
      1. Father
      2. Mother
      3. Children
      4. Extended family members
         a. Grandparent(s)
         b. Aunt(s) and Uncle(s)
         c. Foster children
         d. Etc.
   D. How do we cope with the loss of a significant other?
      1. Death
      2. Divorce
      3. Separation

II. All Life Comes From Similar Life
   A. How does a newborn baby affect the family?
      1. Parents care for the children
      2. Each child has a place in the home
         a. Reasons for rivalry
         b. Reassurance of love
   B. How do living things grow?
      1. Physical growth and development changes
      2. Social interaction expands out of the family

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss things you can do now that you could not do when younger.

2. Compare differences in pets, flowers, people.

3. Talk about what you would like to be when you grow up.

4. Tell how you help at home, discuss many different ways of helping (i.e. manners, smiling, taking turns, etc.). Make an experience chart of ways of helping.

5. Write a story about family get-togethers, trips, and celebrations.

6. Discuss relationships with brothers, sisters, mother, father in home. (Respecting property, privacy, etc.) Role-play different situations that were discussed.

7. Tell how assuming responsibility for personal cleanliness and possessions can express consideration for others.

8. Provide children with picture sheets of family members. Have children cut, color, and paste them in their family albums.

9. Find pictures of different types of homes and make a display. Discuss what each child's home looks like.

10. Discuss the differences in families (size, types of members, etc.).

11. Ask students to talk to their father to determine what his job is, why he must have a job that will take him from his home, how this job effects him and the other members of his family. Repeat this activity with a mother to determine what her responsibilities are at home and/or at work, what effect her work has on the other members of the family, what effect her working out of the home could or does have on the family. Have children discuss the results of the discussions with parents.

12. Make a bulletin board display of parents working in different occupations.

13. Make a pictorial display of similar needs of all living things (air, light, food, rest, water, etc.).

14. Make an experience chart listing similar needs of all living things.

15. Discuss and observe the other ways we are alike. We all have teeth, lungs, bones, muscles, hearts, etc. We have similar feelings.

16. Grow two sets of plants - give one proper care and deprive the other of good soil, water, sunlight. Frequently compare and discuss results.

17. Make paper dolls or posters of humans having different clothing for various seasons or for various climates.

18. Observe the birth of fish in aquarium. Note the difference in size. Use pictures of other mother and baby animals or visit a farm or zoo, observe the male and female animals. Note the differences in color, size, plumage, etc. Compare similarities and differences in human mothers and their babies.

19. Observe a hamster or gerbil family with new babies. Make experience charts describing how the babies look the first day, seventh day, fourteenth day. Also chart how parents care for babies.

20. Show class uncooked egg and a baby chick. Develop idea that chicken once lived in the egg and was nourished by it.

21. Display pictures of mammals and their babies; observe ways in which all these animals are alike. (Through discussion help children to discover that these animals did not lay eggs.)

22. Share information about birth of pets at home.

23. Have children bring to school pictures of their own families. Observe the ways in which the children are like the father, mother, aunt, uncle, or grandparents.

24. Show children packets of various vegetable or flower seeds. Plant the seeds. Observe that the seeds produce the kinds of plants from which they came.

25. Plant cuttings from geranium or ivy plants. Discover that the new plants are the same as the one from which the cuttings are made.

26. Illustrate rapid growth by having students observe a day-old chick. Size will increase greatly during first few days of its life.

27. Use fertilized eggs and observe incubation and early growth of chicks. Use plastic models of growth of chicken.

28. Use day-old chicks or small animals and discuss the necessity of feeding and cleaning up body wastes.

29. Discuss the parental care of babies in their own homes.

30. Discuss the importance of habits of neatness, sanitation, and courtesy to others in the bathroom.

31. Use transparencies, charts, etc., picturing growth from the embryo state to maturity.

32. Dramatize the mother and father taking care of a new-born child in the home.

33. Have children collect pictures showing the different kinds of homes used by animal and bird life.

34. Chart the developmental stages of different kinds of animal life (when did they first walk, feed themselves, leave their homes).

35. Visit a pet shop to observe how the owner handles animals. Invite a member of the SPCA to demonstrate care of pets.

36. Read stories about family life in other lands.

37. Have children ask grandparents to tell about childhood experiences related to the family. Then allow children to relate these to the class.

38. Discuss neighborhood activities, cooperative projects of neighbors, PTA, Scouts, etc.

39. Initiate creative activities in class to develop desirable variety in the family interests.

40. Plan a booklet that will use pictures from baby days to present age showing progress.

41. Show the film My Turtle Died Today or read the book and discuss with the class.

42. Show and discuss the film The Day Grandpa Died.

43. Show and discuss the film Honeymoon.

44. Have children discuss adults other than parents who take care of children - day nursery, etc. Role-play some of the situations discussed.

45. Help the children to compile a list of things at home which belong exclusively to them and another list of things which belong to everyone in the family. This list can be a display of magazine pictures.

46. Encourage the pupils to act out scenes to show ways in which the family members share with one another.

47. Ask the children to tell how they help to take care of the family property.

48. Plan with the children picnics, birthday and holiday celebrations. Suggest that they carry out plans at home.

49. Discuss with the children plans involved in preparing for company. Prepare the room for company and invite another class to visit and see your displays.

50. Draw pictures of things families can do together. Display pictures of families and write experience charts about what the families are doing. Evaluate.

51. Discuss the similarities and differences in the school and home family (size, etc.). Evaluate.

52. Make a chart on which you show how much student time is spent with school family; compare with home family (do not include sleep time). This could be a clock with shaded pie pieces of different sizes to represent time blocks.

53. Show pictures of happy families. Have children list things that make a happy family. Make a display of family pictures.

54. Learn games that whole families can play together.

55. Prepare a skit to show how parents help us.

56. Make a surprise gift for the parents or the home.

57. List with the children the home duties that young children may be able to assist with or assume. Evaluate. Star the duties they have already assumed.

58. Discuss ways children can help parents and siblings without having some specific job assigned to them.

59. Discuss what happens when duties are not carried out. Role-play the situations that are discussed.

RESOURCES

Books:

All Alone With Daddy, Joan Fassler; Behavioral Publishers, Inc., 1969. Ellen is a little girl who likes to be alone with her father. While her mother is away, Ellen tries to take her mother's place in her parent's world. Available through SEIMC. FL-0167

Before You Were A Baby, Thomas Y. Crowell Company, 201 Park Avenue South, New York, New York 10003. Ages 4-8, $3.50

Growing Up, Growing Older, North Shore Committee on the Older Adult; Holt, Rinehart and Winston, Inc., 1964

I Am Here, I Can Do It, My Family and I, My Friends and I, Muriel Stanek; Benefic Press, Chicago, Illinois, 1967. 301.42 S
(Set of books - Mental Health)

Let's Read and Find-out Science Book, Paul and Kay Sperry Showers

Love is a Special Way of Feeling, Joan Walsh Anglund

The Man of the House, Joan Fassler; Behavioral Publishers, Inc., 1969. Four year old David tries to become the protector of the house while his father is on a business trip. He promises to defend his mother against all the monsters of the world. Alvailable through SEIMC. FL-0171

Monarch Butterfly, Marion W. Marcher; E.M. Hale and Company, Eau Claire, Wisconsin, 1954. 595.7 M

My Turtle Died Today, Edith G. Stull; Holt, Rinehart and Winston, 1964. E S

The Old Man On Our Block, Agnes Snyder; Holt, Rinehart and Winston, Inc., New York, 1964.

See How It Grows, Marguerite Walters; Grossit and Dunlap, New York, 1954.

The True Book of Animal Babies, Illa Podendorf; Children's Press, Chicago, Illinois, 1955. 591 P

This Is My Family, Howard F. Fehr; Holt, Rinehart and Winston, Inc., New York, 1963. E F

Books: (Con't.)

Twins, Margaret Rush Lerner; Lerner Publications Company, 241 First Avenue North, Minneapolis, Minnesota 55401

Up Above and Down Below, Irma Wibber; Scott, Foresman and Company, New York. 581 W

What's Inside, (the story of an egg that hatched), May Garelick; William R. Scott Inc., New York

Films:

Adelie Penguins of the Antarctic, BOCES #833-33, 23 minutes

Animals and Their Homes, BOCES #831-13, 11 minutes

Baby Animals, BOCES #841-16, black and white, 10 minutes

Birth of Puppies, BOCES #832-82, 16 minutes

Butterfly, BOCES #831-183, 9 minutes

Care of Pets, BOCES #832-38, 13 minutes

Chicks and Chickens, BOCES #831-247, 10 minutes

The Day Grandpa Died, BOCES #831-360, 11 minutes

Families, BOCES #831-240, 10 minutes

Farm Babies and Their Mothers, BOCES #831-55, 11 minutes

Farmyard Babies, BOCES #831056, 11 minutes

Fertilization and Birth, BOCES #831-186, 10 minutes

Gray Squirrel, BOCES #831-63, 10 minutes

Happy Little Hamsters, BOCES #832-99, 13 minutes

Honeymoon, BOCES #831-371, 9 minutes

Human and Animal Beginnings, BOCES #832-75, 13 minutes

My Friend the Fish, BOCES #832-163, 18 minutes

My Mother is the Most Beautiful Woman in the World, BOCES #831-147, 9 minutes

Films: (Con't.)

My Turtle Died Today, BOCES #831-148, 9 minutes

Tortoise and the Hare, BOCES #831-286, 8 minutes

Trick or Treat, BOCES #831-287, 8 minutes

What Is A Family, BOCES #831-400, 8 minutes

Wonders of Plant Growth, BOCES #831-119, 11 minutes

Kits:

DUSO Kit I, grades K-2, BOCES #123-17

DUSO Kit II, grades 3-4, BOCES #123-18

Filmstrip and Record:

Mental Retardation and Sexuality, 20 minute filmstrip with record. $20.00 purchase, $5.00 rental. Order from Planned Parenthood Association of Southeastern Pennsylvania, 1402 Spruce Street, Philadelphia, Pennsylvania 19102

A Baby Is Born: The Story of How Life Begins, Milton S. Levine, M.D. and Jean H. Siligmann; New York. Golden Press, 1949. Written for the child 6 to 10 years of age, this is a book for parents to read with their youngsters. The story of how life begins is told objectively and directly and emphasizes the love relationship of the family unit. Available through SEIMC. PR-0204

A Resource Guide in Sex Education for the Mentally Retarded, Lowell Klappholz, Editor.
A 1971 revision of joint publication by two above organizations. Editor is editor of Physical Education Newsletter, Croft Educational Services, New London, CT. Offers guidelines for helping mentally retarded children and youth in both residential facility or at home in the community; for programs currently underway or those yet to be started. Urges content be integrated with relevant aspects of existing curriculum; recognizes the variety of potential users of the resource, i.e. teachers, parents, counselors, professionals, para-professionals. Includes a number of valuable additional resources. Curriculum content organized into four categories: awareness of self, physical changes and understanding of self, peer relationships, and responsibility to society. Sample activities for each category. Write: Director, Project on Recreation and Fitness for the Mentally Retarded, AAHPER, 1201 16th Street, N.W., Washington, D.C. 20036 or SIECUS, 1855 Broadway, New York, New York 10023.

An Intensive Training Curriculum for the Education of Young Educable Mentally Retarded Children
Reports on research project of Palo Alto Medical Research Foundation and Medical Center, University of California, to demonstrate effectiveness of a social learning approach for education of young educable mentally retarded children. Research conducted between January 1969 and December 1971. Write: Sheila A. Ross, Senior Research Associate, Palo Alto Medical Research Foundation, Palo Alto, California 94305, or Bureau of Education for Handicapped Children, Office of Education, U.S. Department of Health, Education, and Welfare, Washington D.C. 20203.

Curriculum Guide for Human Sexuality, (K-12), Putnam-Westchester BOCES, Yorktown Heights, New York 10598, 1974

Facts About Sex, Sol Gordon, New York: John Day Co., 1973. 612.6 G

Facts Aren't Enough, Marion O., Lerrigo, et. al., NEA and American Medical Association, 1962. A very detailed look at the nature and need for sex education is presented in this booklet. It is written for adult use with children preschool through teenage years. PE-0627.

Guidelines on Planning a Training Course on Human Sexuality and the Retarded, Planned Parenthood Association.

Intellectual Level and Sex Role Development in Mentally Retarded Children, H.B. Biller and L.J. Borstelmann, American Journal of Mental Deficiency, 70:443, 1965.

Marriage and Mental Handicap, Janet Matterson, University of Pittsburg Press, 1972.

Mental Retardation: A Family Study, E.W. Reed and S.W. Reed, Philadelphia: W.B. Saunders Co., 1965.

"New Directions for the Retarded", Joseph T. Weingold, Journal of Clinical Child Psychology, Vol. II, No I, Winter 1973.

Parents Responsibility, Marion O. Lerrigo, et. al., NEA and American Medical Association, 1970. Many parents feel hesitant about when and how to discuss sex with their youngsters. This pamphlet helps to guide them by suggesting many ways to handle common questions and situations which arise as youngsters "grow up". PR-0624

Publications List on MR Sexuality and Sex Education — SIECUS Publications Office, 1855 Broadway, New York, New York 10023

"Sex and the Mentally Retarded", Dr. A.N. Jennings, Rehabilitation In Australia, October 1970.

Sex Education and the Mentally Retarded, H.M. Selznick, Johnston Bull, 5:23, 1962.

Sex Education for the Mentally Retarded by Virginia Young Blackridge, MD, 1969. Discussion for parents who have an educable or trainable retarded child. Simplified information on physical development and sexuality. Emphasizes helping child enjoy living in an unsheltered life as possible commensurate with his intelligence. Discusses birth control, abortion, venereal disease, and homosexuality in relation to mental retardation. Divides material into that suitable for child with mental age of 1-3 years; 3-7 years; 3-10 years. Write: Alameda County Mental Retardation Service, 131 Estudillo Avenue, San Leandro, California 94577.

"Sex Education for the Mentally Retarded: An Analysis of Problems, Programs, and Research", Edward Vockell and Pamm Mattick, Education and Training of the Mentally Retarded, October 1972.

Sex Education of the Mentally Retarded Child in the Home by Evalyn S. Gendel, M.D., 1969. Originally presented as a paper to the Council for Exceptional Children in 1968 by chief of school health section. Emphasizes motivational factors. Stresses need for both non-verbal and verbal communication at the child's comprehension level. Generalized discussion of how to impart knowledge of sexuality to mentally retarded child, and importance of parents understanding the development of his sexual feeling to help him make life decisions. Stresses need for parents to seek resources of several disciplines to adequately help child. For availability write to: National Association for Retarded Children, Inc., 2709 Avenue E East, Arlington, Texas 76010.

Sexuality and the Mentally Retarded, Karl E. Thaller and Barbara D. Thaller, Office of Economic Opportunity, Washington D.C., 1973. (Extensive report on conference - excellent) $3.00.

"Sexual Problems of the Mentally Retarded", Frank J. Memolascino, Sexual Behavior, November 1972.

Social Attitude Approach to Sex Education for the Educable Mentally Retarded
A series of lessons developed in 1967 to help the educable mentally retarded student develop social skills and attitudes. Emphasis is on sex education. Sequential program for pre-primary through adolescence. Extensive bibliography of books and multi-media resources. For availability write: Special Education Curriculum Development Center, University of Iowa, Iowa City, IA 52240.

Special Education Guide for Teachers; Educable Mentally Retarded
Write for information on above to State Schools for Retarded Children, State Department of Education, Division of Public Schools, Jefferson City, MO 65101.

Summary Report of Workshop: Family Life and Sex Education for Teachers of the Mentally Retarded by Edward L. Meyen, 1969. Summarizes workshop in which 42 teachers of mentally retarded considered guidelines for teaching sex education to mentally retarded. Emphasis on individual evaluation of materials, techniques for instruction, not attempt to provide teacher with "cookbook" approach to subject. Helpful guidelines for setting up similar workshops. For availability write to Kansas City Social Health Society, Inc., 406 West 34th St., Suite 412, Kansas City, MO 64111.

CONSUMER, ENVIRONMENTAL AND PUBLIC HEALTH

OVERVIEW

Concern for the environment is new to some children, especially those who have learning handicaps. Some seriously involved children tend to see themselves as the center of the universe and are very self-centered and introspective. For them it is hard to see that everyone, including themselves, must make sacrifices in order to protect an environment "out there."

For some children the environment is confusing. They have sensations from things around them, but their sensations and perceptions are somehow not neurologically unified into a meaningful whole. They may not see that throwing things out of the car window will have a very real effect on the quality of the roadside because for them the thrown objects disappear.

Still other children feel that any environment outside the realm of their immediate experience is threatening, because anything unfamiliar is threatening to them. It is hard to feel a responsibility for the earth when natural forces are perceived as evil and destructive.

How can the special education teacher help? This unit is designed to provide some answers to that question.

If practicing environmental responsibility is new to most children, playing the role of consumer is not. Handicapped children watch television as much if not more than their non-handicapped peers, and if they spend less on worthless food and worthless toys, it is undoubtedly because they have less money available to them. They may passionately believe that Bang Pop Crunchies is a cereal which will make them do well in school and have many friends; and if they don't succeed in convincing their mothers to buy it, they may be preparing to treat themselves to an entire adulthood of worthless breakfasts in revenge.

It is tremendously difficult to make handicapped children recognize false and misleading advertising, and distinguish between useful and effective consumer products and those that may be useless or even harmful. This problem is tied in with the necessity for knowing that if a physical problem exists, one should go to a doctor rather than attempt to cure one's self. Familiarity with those individuals who can really help to protect and maintain health is essential to being a wise health consumer.

OBJECTIVES

1. Explain that the concept of environment includes all aspects of ones surroundings.

2. Appreciate the role that the senses play in telling one about one's environment.

3. Identify the elements within the environment that have the potential of being harmful.

4. Identify ways that one must protect oneself from some parts of his environment in order to stay healthy and safe.

5. State ways children can help maintain healthy and safe school, home, and community.

6. Identify ways children can destroy or preserve the earth's beauty and benefits.

7. Name familiar members of the school and community who work together to maintain safe and healthy surroundings.

8. Express in words or actions a belief that a person's neighborhood is an important place to that person.

9. Recognize familiar health problems which are the joint responsibility of individuals and groups.

10. Understand that community helpers can help us decide what products are safe for us.

11. Understand that products that are advertised as being fun or tasting good are not always good for one's health.

12. Identify the people who children can go to for medical care and reliable health information.

13. Recognize what warnings look like on various products and heed them.

MAJOR CONCEPTS

1. Our health is affected by our surroundings.
2. Without water and air, human life would not continue.
3. There are living and non-living hazards in our environment.
4. Your sense organs alert you to all that is going on about you.
5. Each of us can improve his environment.
6. There are ways to protect ourselves against the effects of the environment so we can live in safety, comfort, and good health.
7. A neighborhood is a place to live, play, work, go to school and enjoy.
8. Everything in your neighborhood is part of your environment.
9. Many people work in different places in the community to keep us well.
10. Pure food is essential to good health.
11. Many people work to keep water and air safe.
12. Many people work to protect our food.
13. Some people who help us are medical or health workers.
14. Noise has an effect on how we feel and act.
15. Protection and promotion of health is an individual and community responsibility.
16. Advertising often affects what we buy, thereby affecting our health.
17. Some advertised products can be harmful to children.
18. Use of health information, products, and services is influenced by values and perceptions.
19. Health information, regardless of accuracy, may come from various sources.
20. Much health information comes from family and friends.
21. There are people who are especially trained to keep us healthy.
22. Aerosol spray cans have been shown to be detrimental to both individual and the environment.

CONTENT OUTLINE

I. Factors in Our Environment
   A. What is our environment?
   B. How does our environment affect us?
   C. What can we do to control the environment and provide protection for all?

II. Working Together: Responsibilities
   A. School
   B. Home
   C. Community
      1. Hospital
      2. Health Department
      3. Other agencies
   D. Neighborhood

III. Health Professionals in the Community
   A. Doctors and nurses
   B. Dentists and dental hygienists
   C. Druggists and pharmacists
   D. Public health nurses

IV. How Do We Determine What Is Reliable and Unreliable Information
   A. Advertising and its influence
   B. Reading labels, following directions
   C. Following safety precautions
   D. Guidance from community helpers

V. Safety Precautions for the Young Consumer

VI. Community Helpers for the Young Consumer

LEARNING AND EVALUATIVE ACTIVITIES

1. Have class visit a dairy to inspect facilities for fresh, clean milk.
2. Have class visit a cidermill and sugarbush to inspect sanitation facilities.
3. Have a small group investigate sanitation in a bakery; report to the class.
4. Have dietitian explain reasons for daily inspection of kitchen facilities, wearing hairnets, etc.
5. Have representatives of local industries explain to class how they cooperate to keep air and/or water clean; have class visit industry.
6. Have water department representative explain what happens to water before it reaches the home.
7. Discuss how one can tell whether or not water is clean.
8. Have students draw pictures showing ways they can best care for personal belongings.
9. Discuss individual responsibility for keeping lunchroom and playground neat.
10. Role-play a situation in which courtesy may help to improve undesirable conditions.
11. Observe the effect of prolonged exposure on foods that require special storage. Think of ways to store various foods. Melt ice cream in a plastic bag to demonstrate that it can be saved without being frozen.
12. List ways that children can help to promote good health in the community.
13. Discuss the proper use and maintenance of drinking fountains and lavatories.
14. Discuss the detrimental effects of littering and improper disposal of personal trash, etc.
15. Clean up playground to improve environment.
16. Read books pertaining to child's stay in hospital or film concerning a child's hospital experience.
17. Discuss the importance of a clean and bright home, schoolroom, etc. Follow up suggestions and clean schoolroom.
18. Have students suggest ways in which the schoolroom can be improved. Follow up suggestions by rearranging furniture and changing bulletin boards or doing whatever is suggested.

19. Students collect pictures to show how proper heating, lighting, colors of walls, furniture, ventilation, etc., add to comfort.

20. Role play being on a crowded bus and how it feels.

21. Role play being in a meadow or other spacious area.

22. Ask students to tell all of the ways in which water is used by man. Develop a bulletin board display showing these uses. Visit a water plant or pictures can be shown.

23. Illustrate how air carries particles too small to see by opening a bottle of aromatic material (perfume) and asking students to indicate when they first are aware of the bouquet.

24. Ask students how they know what is cooking in the kitchen when they are in a room other than the kitchen.

25. Ask students to observe overcast conditions not due to weather; discuss the reaction this may have on people (coughing, a taste in the mouth, etc.).

26. Collect pictures of ponds, lakes, rivers, and reservoirs and ask the class whether they think it is safe to drink water out of or to swim in these places. If possible take a field trip to a nearby pond, lake, river and/or reservoir and ask similar questions.

27. Have the school dietitian explain the necessity of the precautions taken in the kitchen and lunchroom (clean, white clothing, rubber gloves, hair nets, or hats, etc.).

28. Have students help to make posters that show good lunchroom practices. Evaluate and display.

29. Take the children to visit the cafeteria showing the preparations of food and how the dishes are washed.

30. Have students observe sanitation procedures in the kitchen and lunchroom. Report to and evaluate with rest of class.

31. Have students collect pictures of things which contribute to the noise level of our environment.

32. Discuss when noise is fun vs. when noise is irritating.

33. Teacher can demonstrate various voice levels and have children discuss which is most pleasant.

34. Visit a nearby market or discuss the reasons for packaging food, for refrigerating food, etc.

35. Discuss the pharmacist's role in filling prescriptions.

36. Allow students to tell about their visits to the local pharmacy and the many different kinds of medicine they saw there. Evaluate.

37. Discuss the importance of only taking medication when parents, doctors, or nurses give it to us.

38. Discuss the importance of taking the right kind of medicine and why the pharmacist must know all about substances that make up medicine and drugs.

39. A mortar and pestle can be shown as examples of the pharmacist's tools.

40. If any children have had experiences in hospitals, a discussion of how they were helped and by whom can be used.

41. Discuss how research people are always looking for new ways to keep people healthy and how the laboratory people can help doctors.

42. Visit the dentist as a class to see how important he feels cleanliness is.

43. Have children relate their experiences with the dentist.

44. Discuss the dentist's role in promoting good dental care as well as treatment.

45. If there is a dental hygienist in the school, have her visit and tell about the dentist's work and also her role in assisting him.

46. Ask the students to tell what they think happens to food before it comes to them in cans, frozen packages, etc.

47. Discuss how certain people inspect foods to make sure they are safe for eating.

48. Have various school personnel visit class to discuss how they keep us healthy.

49. Ask: Who are some of the school employees that help to keep us healthy besides the principal and teachers? How does the cafeteria worker help? Does the janitor help? If so, how? The school nurse? Dental hygienist? School doctor? The teacher?

50. Set up a child's room to point out dangers of a cluttered room.

51. Each child reports on a chore he performs daily to help keep his home clean.

52. Discuss and demonstrate proper methods for disposing of wastes; make waste baskets for home use.

53. Have children find pictures of community helpers to contribute to a bulletin board.

54. To show interdependence of living things, grow beans using different controls:
    With and without sunlight.
    With and without water.
    With and without human care.

55. Set up a display, "Being Helpful", using dolls who are carrying trash out, raking leaves, dusting, washing sink, feeding pets, baking.

56. Role play "being helpful" at home and at school.

57. Pantomine the various jobs that people in school have that are necessary to keep the school healthy.

58. Visit a real or imaginary supermarket. Look for all the things you can find to help keep us healthy. Talk about those you think are best. Make pictures of them. Why did some products attract you?

59. Read, listen and tape different commercials which advertise a certain product. What does each commercial try to make you believe? To what are the key words appealing?

60. Play a game: "I'm Thinking" of the person who mixes the medicines the doctor tells you to take, etc.

61. Discuss ways in which the doctor is your friend in relation to consumer health. Have a doctor visit the classroom.

62. Have class discussion about the many different ways in which children learn about health. Role play finding answers to health suggestions.

63. Make bulletin board display of pictures which show how choices affect health.

64. Make a mural or scrapbook and/or a mobile showing all the people and ways in which we learn health information.

65. Distinguish between patent medicines and prescription medication.

66. Discuss labeling of patent medicines.

67. Act out TV commercials pertaining to health information. Have the class discuss effects on the listener, reader, recipient.

68. Discuss rules of spraying (for adults). Spray only on a calm day, (no wind), always spray away from you, and make sure no one or no pets are present.

69. Have children dress up in the costumes of various community helpers -- doctor, nurse, janitor, etc.

RESOURCES

Books:

About Jerry and Jimmy and the Pharmacist, Frances B. Thompson; Melmont Publishers, Inc., Chicago, Illinois, 1964

About Miss Sue, the Nurse, Frances B. Thompson; Melmont Publisher, Inc. Chicago, Illinois, 1961

About More Friendly Helpers, Elaine Hoffman and Jane Hefflefinger; Melmont Publishers, Inc., Chicago, Illinois, 1954

About Our Friendly Helpers, Elaine Hoffman and Jane Hefflefinger, Melmont Publishers, Inc., Chicago, Illinois, 1954 331.7
H

About People Who Run Your City, Newman-Sherman; Melmont Publishers, Inc. Chicago, Illinois, 1963, 352
N

A Tree is a Plant, Clyde Robert Bulla; Thomas Y. Crowell Company, New York, 1963, 582
B

The Carrot Seed, Ruth Krauss, Record: The Carrot Seed

Doctor John, Frances B. Thompson; Melmont Publisher, Inc., Chicago, Illinois, 1959

Doctors and Nurses, Carla Greene; (In I Can Read Book), Harper and Row, New York, 1963

Doctor's Tools, Marguerite Rush Lerner; Lerner Publications, 241 First Avenue, North, Minneapolis, Minnesota 55401, 1959

How Doctors Help Us, Alice M. Meeker; Benefic Press, Chicago, Illinois, 1964

How Families Live Together, Malcolm Provus; Benefic Press, Chicago, Illinois, 1963, 301.42
P

How Hospitals Help Us, Alice M. Meeker; Benefic Press, Chicago, Illinois, 1962, 362.1
M

How People Live in the Big City, Muriel Stanek and Barbara Johnson; Benefic Press, Chicago, Illinois, 1964, 301.3
S

How a Seed Grows, Helene J. Jordan; Thomas Y. Crowell Company, New York

How We Get Our Mail, Edith McCall; Benefic Press, Chicago, Illinois, 1961, 383
M

Jill's Checkup, Ruth Jubelier; Melmont Publishers, Inc., Chicago, Illinois, 1957

Let's Go To Vote, Agnes McCarthy; Putnam Publishers, New York, 1962, 324 M

Curious George Goes to the Hospital, Margaret Rey; Houghton Mifflin, 1966 E

Mr. Zip and the U.S. Mail, June Barr; Albert Whitman and Company, Chicago Illinois, 383 B

Plants into Seeds, Dorothy Wood; Follett Publishing Company, Chicago, Illinois, 1963, 581 W

Policeman Mike's Brass Buttons, Ruth Tooze; Melmont Publishers, Inc. Chicago, Illinois, 1951, 352 T

To Know a Tree, Thomas M. O'Brien; Holt, Rinehart and Winston, Inc., New York, 1963, 582 O

The True Book of Trees, Illa Podendorf; Children's Press, Inc., 582 P

We Read About Seeds, Harold Tannenbaum; Webster Div., McGraw-Hill Book Company, New York, 1960, 582 T

Where Does the Garbage Go?, Loretta Lustig, Cromwell Company, 1974

Films:

Air Pollution, A First Film, BOCES #831-252, 8 minutes

Buttercup, BOCES #831-300, 11 minutes

Carp in a Marsh, BOCES #831-238, 7 minutes

Communities Keep Clean, BOCES #831-204, 11 minutes

Forest Fisherman, Story of an Otter, BOCES #832-238, 16 minutes

Our Community, BOCES #841-33, 12 minutes

People Shop: Hospital in the Community, BOCES #832-269, 18 minutes

Uncle Smiley and the Junkyard Playground, BOCES #832-176, 13 minutes

Uncle Smiley Follows the Seasons, BOCES #832-177, 13 minutes

Films (Cont.):

Uncle Smiley Goes to the Beach, BOCES #832-172, 13 minutes

Uncle Smiley Goes Camping, BOCES #832-173, 16 minutes

Uncle Smiley Goes Planting, BOCES #832-174, 15 minutes

Uncle Smiley Goes Re-Cycling, BOCES #832-175, 13 minutes

Uncle Smiley Goes Up the River, BOCES #832-178, 12 minutes

Where Should a Squirrel Live, BOCES #831-273, 11 minutes

Wonders in a Country Stream, BOCES #831-117, 11 minutes

Wonders in Your Backyard, BOCES #831-118, 11 minutes

Woods and Things, BOCES #831-277, 11 minutes

Filmstrip and Record:

Algernon, the Ambulance, International Education and Training, Inc., 1176 New Highway, Farmingdale, New York 11735

Kits:

Instructo Puppets: Community Helpers

Playskool/Judy Wooden Puzzles -Community Helpers

SAFETY AND FIRST AID

OVERVIEW

One of the most important problems in modern American life is the vastly increasing number of accidents from all sources. Therefore, it becomes imperative that students be helped to recognize the causes of accidents and how they may be avoided.

The best first aid is prevention, but if an accident does occur, young children should be reminded to ask for help from an adult instead of trying to put a bandage on themselves.

Educably mentally retarded children can be taught what to do in case of fire. All young children can be taught to go to the nearest adult for help. Finally, any child who can speak should be taught his name and phone number, so that if he is lost, authorities can reach the parents.

The challenge to the teacher is to provide the children with the information and skills which will be of most value in an emergency.

OBJECTIVES

1. Distinguish between safe and potentially hazardous activities.
2. Evaluate potential risks and identify hazards that relate to various daily activities, using sound judgment in avoiding or coping with them and alerting others to such risks.
3. Practice behavioral traits which will enhance the safety of oneself and others.
4. Establish the idea that accidents are caused by human and environmental factors and may result in injury, property damage or death.
5. Formulate the concept that natural and man-made environmental factors influence health and safety and that some environmental conditions can be modified and controlled.
6. Demonstrate courtesy with peers.
7. Define a selected number of school safety rules.

MAJOR CONCEPTS

1. Safe living involves the development and use of safety precautions while recognizing the inevitability and appeal of risk taking.
2. Safe conduct to and from school becomes an individual's responsibility.
3. We should be aware of many different things when we are walking.
4. The community helps in keeping areas safe for pedestrians.
5. There are community helpers and school people concerned with our well-being.
6. Knowing what to do ahead of time can save lives in hazardous situations relating to fire.
7. We can practice safety and courtesy away from school to help prevent accidents in play and recreational activities.
8. We can help others prevent accidents.
9. Play activities are fun, but must be controlled.
10. Courtesy and conduct are important for good school safety.
11. School accident prevention depends on every individual.
12. We can assume responsibility for accident prevention.
13. An understanding of the potential of electricity is important in establishing a safe household atmosphere.
14. Certain physical factors coupled with carelessness can be responsible for falls, and are a common danger in the home.
15. Many home accidents can be eliminated by the action of individual family members.
16. Everyday materials can be harmful if used improperly (example: scissors, pencils).
17. It is not wise to touch plants or animals that you are not familiar with as they may be dangerous.

CONTENT OUTLINE

I. Traffic and Pedestrian Safety
   A. The safe pedestrian
   B. The wise automobile passenger
   C. Traffic signs
   D. Safety Patrol
   E. Seat Belts

II. School Bus Safety
   A. Safety while waiting for the bus
   B. Safe actions while boarding and riding
   C. Safe behavior when and after leaving the school bus
   D. Emergency bus drills
   E. Safety regulations for school buses

III. Bicycle Safety
   A. Basic skills for safe operation of a bicycle
   B. School/community programs in bicycle safety

IV. Fire Safety
   A. Fire - benefits and hazards
   B. The causes of fires
   C. Fire drills at home and at school
   D. Reporting a fire to the closest adult
   E. Fire protection
   F. False alarms - a hazard in themselves

V. Home Safety
   A. Falls and their prevention
   B. Burns and how to avoid them
   C. Electricity -a potential hazard
   D. Poisons - the skull and crossbones and more
   E. Animals - know them or leave them alone
   F. Neighborhood hazards - let's correct them
   G. Miscellaneous hazards in the home
   H. Obtaining help in emergencies

VI. School Safety
   A. School routine
   B. Handling tools, scissors and other sharp objects
   C. Tricks, tripping and roughness
   D. Safe behavior in the lunch room
   E. Safety in the school environment
      1. Classroom environment
      2. Corridors and stairs need to be kept safe
      3. Lavatory and safety rules
      4. Auditorium and rules of conduct
      5. Gymnasium safety
   F. Safety on the playground
      1. General rules to follow
      2. Swings are for swinging
      3. Monkeying around on the monkey bars
      4. Slides can be slippery and hazardous
      5. Running can be safe and fun

VII. Winter Recreational Safety
- A. Sledding
- B. Skating
- C. Snowballing
- D. Snowmobiling

VIII. Spring and Summer Recreational Safety
- A. Kite flying
- B. Baseball and softball
- C. Swimming
- D. Boating
- E. Camping and hiking
- F. Nature's hazards
  - a. Snakes
  - b. Poisonous plants
  - c. Lightning

IX. Safety on the Holidays
- A. Halloween
  1. Costumes - safe but fun
  2. Trick or treat
- B. Christmas
  1. Making your tree a safe one
  2. Decorations - pretty, but safe
- C. Easter
- D. Independence Day

X. Basic First Aid
- A. Obtaining the help of an adult
- B. Dialing the operator when an adult is not present

LEARNING AND EVALUATIVE ACTIVITIES

1. Have the class develop some rules of "safe play" (marbles and other objects kept out of the mouth, nose, ears; not to run with pointed objects; not to throw hard objects). Post these rules and refer to them when necessary.

2. Discuss taking turns.

3. Dramatize what to do if a ball rolls into a street.

4. Demonstrate care of minor injury. Discuss importance of adult guidance and reporting all injuries no matter how small.

5. Discuss why an adult should always be present when children are near an open fire.

6. Discuss water and boat safety.

7. Demonstrate how to act in case of a home fire (getting out of building, alternate routes, getting adult help).

8. Discuss the safe place and way to use a kite; what materials to use for flying a kite.

9. Make bulletin board displays on safety in and around the school.

10. Discuss what to do if an accident happens at school when there is no adult present.

11. Demonstrate the difference in slipperiness of a dry and wet basin to show hazards of tub and shower. Role play what could happen if lavatory floor becomes wet.

12. Visit the scene of a recent fire in the neighborhood.

13. Discuss what could be results of skates, pencils, marbles left on stairs or floors.

14. Make receptacles for matches.

15. Conduct simple experiments to show flammability of materials and effects of draft on fire.

16. Demonstrate that a rubber-backed rug will not slip as easily as one that is not rubber-backed.

17. Discuss behavior during a school fire drill. Notice location of fire safety equipment in the building.

18. Visit a fire house.

19. Demonstrate static electricity (walking on wool carpet, combing hair, stroking cat's fur, etc.).

20. Develop a chart "code of conduct" for classroom behavior made by the class, after a discussion of individual responsibility in accident prevention (following rules, informing teacher when equipment is worn or broken, etc.). Post for easy reference.

21. Discuss horseplay in any situation.

22. Discuss electrical storm hazards.

23. Discuss poison symbol. Construct cabinet made of heavy paper; place in it drawings of all things that may be poison. Discuss taking medicine.

24. Establish rule of what children should do when approached by strangers. Discuss why pupils should not talk to strangers or accept anything from them. Role play what to do when approached by a stranger.

25. Draw or mark off a street on classroom floor. Use toy cars to demonstrate dangers of walking out between parked cars, stepping off curbs without looking, and turning cars, especially righthand turns.

26. Discuss meaning of courtesy in relation to concern for the other person and safety for others. (No tripping, shoving, etc.)

27. Have children make posters showing do's and don't's of good housekeeping practices of what happens when floor is not tidy and clean, etc. Post on bulletin board and discuss.

28. Discuss how behavior should be adjusted to meet unexpected weather hazards.

29. Discuss car passenger safety (seat belts; do not disturb the driver).

30. Have a member of a snowmobile club visit class to discuss safety pointers.

31. Darken room and have pupils dressed in various colored clothing walk in front of room. Be sure to have one pupil wear white. Discuss which colors are more easily seen and the correct way to walk along streets or highways that do not have sidewalks.

32. Walk around the school neighborhood to learn location of traffic signs.

33. Discuss safety problems encountered while going to and from school. Include meaning of safety signs - danger, stop, slow, school, railroad, etc.

34. Prepare a list of safety rules for use when riding the school bus; or dramatize by arranging chairs to represent school bus. Show correct way of boarding, riding, leaving, and crossing in front of bus. Include emergency evacuation.

35. Discuss simple safety rules regarding electric light cords, sockets, and use of small appliances.

36. Discuss danger of turning on lights or touching electrical appliances when hands and feet are wet.

37. Bring an electric train to school and demonstrate proper use. Discuss safe use of transformer.

38. Make traffic signal box (milk carton covered with paper with appropriate colors). Mount on stick and play traffic games.

39. Set up traffic situations and illustrate rules for pedestrians. Invite a policeman to visit class to help with discussion.

40. Discuss why children should not use matches or candles. Parents should light candles and fires for children and be present while they are lit.

41. Use role playing, puppet demonstrations and flannel board characters to develop the idea of respect for other's safety.

42. Discuss eye care including keeping things out of the eyes, and what to do when one gets something in one's eye.

43. Discuss keeping things out of the mouth. Include discussion on plants being poisonous.

44. Discuss and list safety rules in sports activities.

45. Demonstrate what to do and what not to do when someone else is in trouble in the water.

46. Have local emergency unit members in to explain their functions.

RESOURCES

Books:

Bicycle Songs of Safety, Jill and Lawrence Grossman; Holt, Rinehart and Winston, Inc., 1964, 784 G

Safety Action; Traffic and Pedestrian Safety. A Guide for Teachers in the Elementary Schools, ERIC #Ed 051-164; Delaware State Department of Public Instruction, Dover; Department of Transportation, Washington, D.C., EDRS Price MF - $.65, HC - $3.29.

School Pedestrian Safety, SCOPE, P.O. Box 254, Oakdale, New York 11769; Price - $8.50

Films:

Fire: Sound the Alarm, BOCES #831-364, 11 minutes

In Case of Fire, BOCES #842-24, 20 minutes

Meeting Strangers: Red Light, Green Light, BOCES #832-98, 20 minutes

One Got Fat, BOCES #832-200, 15 minutes

Our Community, BOCES #841-33, 12 minutes

Primary Safety: On the Way to School, BOCES #831-378, 11 minutes

Safest Way, The, BOCES #842-53, 20 minutes

Safety Adventure Out of Doors, BOCES #831-174, 11 minutes

Sniffy Escapes Poisoning, BOCES #831-336, 6 minutes

HEN:

Fire Safety Materials, HN #12